1116

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 562
Registrar's No. 79

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma General Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 hr; In Community 5 yrs; In Arizona 5 yrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma (If outside city limits also write RURAL)
(d) Street No. 1040 Third Ave; (e) If foreign born, in U. S. A. ..... yrs.

3. (a) FULL NAME Gloria Villegas Chavez (b) If veteran name war ..... (c) Social Security No. none (If NONE write the word)

149a

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
female	Mexican	married

6. (b) Name of husband or wife: Angel Chavez
6. (c) Age of husband or wife, if alive 22 yrs.

7. Birthdate of deceased: August ~~May~~ (Month) 2 (Day) 1923 (Year)

8. AGE: Years 17 | Months 9 | Days 6 | If less than one day hrs. ..... min. .....

9. Birthplace Calexico Imperial California (City, town or county) (State or Country)

10. Usual Occupation HouseWife

11. Industry or Business Home

Father
12. Name Ernest Villegas
13. Birthplace Baca California (City, town or county) (State or Country)

Mother
14. Maiden Name Maria Casaley
15. Birthplace El Paso Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Angel G Chavez
(b) Address Box 1576 Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date May 10 1941

18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) May 9 1941 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-8-41, 19.....;
TIME (Hour and minute) 9:00 a.m. M.

21. I hereby certify that I attended the deceased from 8:00 a.m. - 9 a.m. 5-8-41, 1941 to 5-8-41, 19.....;
that I last saw her alive on 8th May 1941, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock

Due to Inversion of uterus (Postpartum)

Due to Delivery in home. (

Other conditions Delay in getting hold of Dr. & in getting her into hospital.
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Herbert Sturges M. D.
Address Box 1688 Yuma Ariz. Date signed 5-8-41.