8714

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 474
Registrar's No. 144

1. Place of Death: (a) County Yuma (b) City or Town Yuma, Rural (If outside city limits also write RURAL) (c) Location 10th St and 2nd Ave (St. & No. or Name of Institution)

(d) Length of Stay: In Hospital or Institution Home; In Community always 64 yrs 7 mos 27 days; In Arizona always 64 yrs 7 mos 27 days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma, Rural (If outside city limits also write RURAL)

(d) Street No. Tenth St. and Secnd Ave; (e) If foreign born, in U. S. A. ....yrs.

3. (a) FULL NAME Francisca Miranda Delcid (b) If veteran name war ..... (c) Social Security No. none (If NONE write the word)

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

6. (b) Name of husband or wife Mariano Delcid; 6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased March 9, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	7	21	hrs. .... min. ....

9. Birthplace Yuma (City, town or county) Arizona (State or Country)

10. Usual Occupation Wife

11. Industry or Business Home

Father: 12. Name Jose Juan Miranda; 13. Birthplace mexico (City, town or county) (State or Country)

Mother: 14. Maiden Name Concepcion Paderes; 15. Birthplace Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Ricardo M. Delcid (b) Address Box 456 Yuma, Arizona

17. (a) Burial, Cremation or Removal burial (b) Place Yuma Cemetery (c) Date 10-31 1941

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

19. (a) October 31, 1941 (Date received local Registrar) (b) Mary A. Huffherman (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 30, 1941; TIME (Hour and minute) 6:00 A.M.

21. I hereby certify that I attended the deceased from 9/22, 1941 to 10/29, 1941; that I last saw h. alive on 10/29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic poisoning

Due to: Nephritis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

DURATION: 3 months

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) no
(b) Date of occurrence no
(c) Where did injury occur? none (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 Chas. T. Wilson M. D.
Address Yuma, Ariz. Date signed 10/30/41