

699

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

106

State File No.

Registrar's No. 39

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma Ins. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 da; In Community 1 da; In Arizona 1 da
(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. 409 Skyline trail.

3. (a) FULL NAME Inf. dau of Mrs. Alfred Ordorica (b) If veteran 15; (c) If foreign born, in U. S. A. 15 yrs. (c) Social Security No. (If NONE write the word)

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased May 19 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hrs. min.

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

10. Usual Occupation none

11. Industry or Business

12. Name Alfred Ordorica
13. Birthplace Mexico
(City, town or county) (State or Country)

14. Maiden Name Beatrice Ramirez
15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Alfred Ordorica
(b) Address Yuma Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma (c) Date 5-21 1942

18. (a) Embalmer's Signature J. H. WILES Jr.
(b) Funeral Director W. H. ...
(c) Address Yuma Arizona

19. (a) May 22 1942 (Date received local Registrar)
(b) Helene D. Brayton (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 20 1942
TIME (Hour and minute) 1:45 A.M.

21. I hereby certify that I attended the deceased from 5/19/42
to 5/20/42
that I last saw hosp alive on 5/20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchopneumonia (hypostatic)
Due to immaturity

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 26:14 hrs

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 R. Adams M. D.
Address Yuma - Hosp Date signed 5/21/42