STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

101

State File No. _____
Registrar's No. 74

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

(d) Length of Stay: In Hospital or Institution ~~20 days~~; In Community Unknown (Specify whether years, months or days); In Arizona 35 yrs.

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

(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Refuigo Ayalla (b) If veteran name war _____ (c) Social Security No. ? (If NONE write the word)

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

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug. 16 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	1	25	hrs. _____ min. _____

9. Birthplace Bonita, Graham Co. Ariz. (City, town or county) (State or Country)

10. Usual Occupation Cowboy

11. Industry or Business _____

Father: 12. Name Ramon Ayalla; 13. Birthplace Sinola Mexico. (City, town or county) (State or Country)

Mother: 14. Maiden Name Loretta Acuna; 15. Birthplace Rion -Sonora Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Allex Ayalla (b) Address Bonita, Ariz.

17. (a) Burial, Cremation or Removal Burial (b) Place Bonita, Ariz. (c) Date 11/12/42 19

18. (a) Embalmer's Signature Frank W. Rottman (b) Funeral Director Frank W. Rottman (c) Address Willcox, Ariz.

19. (a) Dec 10, 1942 (Date received local Registrar) (b) _____ (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 11 1942, 19____; TIME (Hour and minute) 2:30 P M. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death The last doctor to attend this man is now in the Army. From history

Due to cause of death-- brain tumor.

Due to _____

Other conditions _____ (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. H. Wilson M. D.

Address Willcox, Ariz. Date signed Nov. 12 194