

2797

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 577

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 321-7th Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 mos In Community 2 mos
(Specify whether years, months or days) In Arizona
2. Usual Residence of Deceased: (a) State California (b) County Imperial (c) City or Town Barstow Rural
(If outside city limits also write RURAL)
(d) Street No. 321-7th Ave Yuma (e) Citizen of foreign country (yes or No) yes
If Yes, which country Mexico
3. (a) FULL NAME SOSTENES SANCHEZ GLORIA (b) If Veteran name war none (c) Social Security No. none

4. Sex Female 5. Color of face Latino 6. (a) Single, married, widowed or divorced married
(b) Name of husband or wife Juan Gloria 6. (c) Age of husband or wife, if alive 62 yrs.
7. Birthdate of deceased Dec. 11, 1883

8. AGE: Years 59 Months 1 Days 1 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business Home

Father { 12. Name Lucio Sanchez

13. Birthplace Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Fernanda Ramirez

15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Daniel P. Gloria
(b) Address 321 7th Ave Yuma Ariz

17. (a) Place of Burial Barstow Rural
(b) Date of Burial 1/14/43

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

19. (a) January 13, 1943
(Date received local Registrar)
(b) Mary A. Wipferman
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) January 12, 1943
TIME (Hour and minute) 1:35 AM M.

21. I hereby certify that I attended the deceased from November 21, 1942 to January 9, 1943
that I last saw her alive on January 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Dry Gangrene of both lower extremities

Due to Hemiplegia
Due to Peripheral vascular disease

Other conditions (include pregnancy within 3 months of death)
Major findings: none
Of operations

Of autopsy none

DURATION
35 days
33 "

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? (Specify type of place)
(e) Means of injury

23. Signature A. B. Guadalupe
Address Yuma, Arizona Date signed Jan 12-43 M. D.