606

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 5771

1. Place of Death: (a) County Yuma (b) City or Town Yuma - Rurals (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) Registrar's No. 85

(d) Length of Stay: In Hospital or Institution — none; In Community 6 mos 27 days (Specify whether years, months or days); In Arizona 6 mos 27 days

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

(d) Street No. - Rurals (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Arnulfo Adeberto Quintero (b) If Veteran name war — no (c) Social Security No. — none

4. Sex male

5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐

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 Sept 17 1943 (Month) (Day) (Year)

8. AGE: Years Months 6 Days 27 If less than one day hrs. ..... min. .....

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

10. Usual Occupation child

11. Industry or Business none

Father
12. Name Alexander C Quintero
13. Birthplace Laguna Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Gloria Holguin
15. Birthplace Jerome Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Gloria Holguin
(b) Address Box 57 Yuma Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 4/15-44 19

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

19. (a) April 16 1944 (Date received Local Registrar)
(b) Mary A Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 14 19 44
TIME (Hour and minute) 11:40 a. M.

21. I hereby certify that I attended the deceased from 4-14-44 19 to 4-14-44 19 ; that I last saw him alive on 4-14-44 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Diarrhea - Improperly treated

Due to Flies etc.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION
3 days
4 days

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 Hubert Burges M. D.
Address Yuma Ariz Date signed 4-14-44

16 30M—100% Rag—5/21/43