

1260

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 608
Registrar's No. 124

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma General Hospital
(d) Length of Stay: In Hospital or Institution few days; In Community 2 months 15 days in Arizona life & days
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma, rural
(d) Street No. South Gila Valley
3. (a) FULL NAME Robert Ramon Reyes (b) If Veteran name war no (c) Social Security No. no

4. Sex Male 5. Color or Race white 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 March 15 1944
8. AGE: Years Months Days If less than one day
2 15 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 Vicente R. Reyes
13. Birthplace Superior Arizona
(City, town or county) (State or Country)
Mother { 14. Maiden Name MARY TORONA
15. Birthplace Yuma Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature X Vicente R. Reyes
(b) Address Box 1056 Yuma, Arizona
17. (a) Burial, Cremation or Removal burial
(b) Place Yuma, Arizona (c) Date 5/31 1944
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona
19. (a) June 1, 1944 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) May 30, 1944
TIME (Hour and minute) 10:50 AM
21. I hereby certify that I attended the deceased from March 26, 1944 to May 30, 1944, that I last saw him alive on May 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration & acidosis
Due to Chronic diabetes
Due to Non-specific gastric enteritis
Other conditions Reaction to blood transfusion
Major findings: Of operations _____
Of autopsy _____

DURATION	PHYSICIAN
<u>2 wks</u>	
<u>2 wks</u>	
<u>2 wks</u>	

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 [Signature] M. D. Address Yuma, Ariz Date signed 5/31/44