

1037

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 507
Registrar's No. 29

1. Place of Death: (a) County Yuma (b) City or Town Parker (c) Location Rural
(If outside city limits also write RURAL) (Sp. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 month; In Community 37 yr
(Specify whether years, months or days) ; In Arizona Bouse
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Bouse
(If outside city limits also write RURAL) (e) Citizen of foreign country (Yes or No) No
(d) Street No. _____; (f) Social Security No. 5 26 05 8692
3. (a) FULL NAME Augustine Rodriguez Lopez (b) If Veteran name war NO

4. Sex Male 5. Race Mexican 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Hattie Lopez 6. (c) Age of husband or wife, if alive 29 yrs.
7. Birthdate of deceased July 6 1907 (Month) (Day) (Year)
8. AGE: Years 37 Months 3 Days 19 hrs. _____ min. _____
9. Birthplace Jerome Arizona (City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business _____
Father { 12. Name Abraham Lopez
13. Birthplace Mexico (City, town or county) (State or Country)
Mother { 14. Maiden Name Marie Rogas
15. Birthplace Arizona (City, town or county) (State or Country)
16. (a) Informant's own signature Leo Lopez
(b) Address Bouse Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Swansea Ariz. (c) Date Nov 1 19 44
18. (a) Embalmer's Signature Ray E Berner
(b) Funeral Director Yuma Mortuary
(c) Address 256 1st Ave Yuma Ariz.
19. (a) 10/31/44 (Date received Local Registrar)
(b) J. B. Roberts (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 10/25 1944;
TIME (Hour and minute) 8 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 Accidental Drowning
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Drowning
(b) Date of occurrence 10/25-44
(c) Where did injury occur? Parker Ariz (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about _____; in industrial place, _____
public place? _____ (Specify type of place)
While at work? yes (e) Means of injury Drowning
23. Signature Harry Harnery Date signed 10/30-44
Address Parker Ariz
Justice of the Peace
Ex Officio Coroner

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically