

18 13

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 549
Registrar's No. 5

1. Place of Death: (a) County Yuma (b) City or Town Somerton (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 3 mos; in Arizona 3 mos
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State _____; (b) County _____; (c) City or Town _____
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Arturo Moises Albarrau (b) If Veteran _____ (c) Social Security No. _____

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____
7. Birthdate of deceased: Dec 18 1944
(Month) (Day) (Year)
8. AGE: Years 3 Months 7 Days 16 If less than one day hrs. _____ min. _____
9. Birthplace Phoenix, Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____
12. Name Moises Albarrau
13. Birthplace Mexico
(City, town or county) (State or Country)
14. Maiden Name Julia Villegas
15. Birthplace Los Angeles Calif
(City, town or county) (State or Country)

16. (a) Informant's own signature Julia Albarrau
(b) Address Baker St Somerton Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Ariz (c) Date 4/4 1945
18. (a) Embalmer's Signature The Glendon Mortuary
(b) Funeral Director _____ (c) Address Yuma Arizona
(d) Date received local Registrar April 6, 1945
(e) Registrar's Signature C. L. Cannon

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) April 4 1945
TIME (Hour and minute) 3:30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Gastro enteritis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

19. (a) _____ (b) _____
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? No (e) Means of injury _____
23. Signature [Signature] Address Yuma Ariz Date signed April 4 45 M. D.