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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 107

Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma, rural (If outside city limits also write RURAL) (c) Location Yuma General Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution few minutes (Specify whether years, months or days); In Community most of life; In Arizona most of life

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

(d) Street No. 147 N. 6th. Ave; (e) Citizen of foreign country (Yes or No) yes If Yes, which country Mexico

3. (a) FULL NAME Ruth Leroy (b) If Veteran name war no (c) Social Security No. no

4. Sex Female

5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife George

6. (c) Age of husband or wife, if alive 23 yrs.

7. Birthdate of deceased Aug (Month) 10 (Day) 1923 (Year)

8. AGE: Years 21 Months 10 Days 15 If less than one day hrs. min.

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

10. Usual Occupation hwfe

11. Industry or Business home

Father
12. Name Juan Gloria
13. Birthplace — — — (City, town or county) Mexico (State or Country)

Mother
14. Maiden Name Sostenes Sanchez
15. Birthplace — — — (City, town or county) Mexico (State or Country)

16. (a) Informant's own signature O. C. Johnson
(b) Address Yuma, Arizona Box 310

17. (a) Burial, Cremation or Removal Burial
(b) Place Desert Lawn Mem Park Yuma, Arizona (c) Date 6-27 1945

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

19. (a) 6-28-45 (Date received Local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)
Leslie L. Wupperman Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 25, 1945;
TIME (Hour and minute) 3:30 A M.

21. I hereby certify that I attended the deceased from never, 19 to , 19 ;
that I last saw h alive on never, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Fractured Skull

Due to Fall from Moving Automobile

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
2 hrs

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) Accident
(b) Date of occurrence 6-25-1945
(c) Where did injury occur? Yuma (City or Town) Yuma (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Street (Specify type of place)
While at work? No (e) Means of injury Fall from Car

23. Signature R. H. Lutes, Corner
Address Yuma Ariz Date signed 6-26-1945

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