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# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. ____
Registrar's No. 216

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 621 Madison Ave(rear) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ____; In Community 67 Yrs (Specify whether years, months or days); In Arizona 67 yrs

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. 621 Madison Avenue(rear ); (e) Citizen of foreign country (Yes or No) no If Yes, which country ____

3. (a) FULL NAME Frank Granillo Bustamante (b) If Veteran name war no (c) Social Security No. 527-01-4239

4. Sex: Male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: married
6. (b) Name of husband or wife: Luz
6. (c) Age of husband or wife, if alive: 59 yrs.
7. Birthdate of deceased: February (Month) 4 (Day) 1878 (Year)
8. AGE: Years 67 Months 10 Days 5 If less than one day hrs. ____ min. ____
9. Birthplace: Anaheim (City, town or county) California (State or Country)
10. Usual Occupation: Machinist, retired
11. Industry or Business: Arizona Edison
Father: 12. Name: Antonio Bustamante
13. Birthplace: Sonora (City, town or county) Mexico (State or Country)
Mother: 14. Maiden Name: Elosia Granillo
15. Birthplace: Sonora (City, town or county) Mexico (State or Country)
16. (a) Informant's own signature: 621 Madison Ave Luz Bustamante
(b) Address: Luz Bustamante Yuma, Ariz
17. (a) Burial, Cremation or Removal: Burial
(b) Place: Yuma, Arizona (c) Date: 12-12 1945
18. (a) Embalmer's Signature: O. Johnson
(b) Funeral Director: The Johnson Mortuary
(c) Address: Yuma, Arizona
19. (a) December 12, 1945 (Date received Local Registrar)
(b) Mary A. Hughesman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-9, 1945;
TIME (Hour and minute) 9:00 A.M.
21. I hereby certify that I attended the deceased from 12/8/45, 1945 to ____, 1945; that I last saw him alive on Then 12/8, 1945; and that death occurred on the date and hour stated above.
Immediate cause of death: Bronchopneumonia
Due to ____
Due to ____
Other conditions (Include pregnancy within three months of death) ____
Major findings: Of operations ____
Of autopsy ____

DURATION

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: Wayne Sanderson M. D.
Address: Box 1070 Yuma, Ariz. Date signed 12/11/45

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