2069

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 592
Registrar's No. 26

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 180 No 16th Ave Yuma (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution — In Community life 3 yrs (Specify whether years, months or days) In Arizona life 3 yrs 8 mos 22 day
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. 180 No-16th Ave (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Gerald ~~Sherry~~ Noriega (b) If Veteran name war (c) Social Security No.
4. Sex male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
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 May 16 1942 (Month) (Day) (Year)
8. AGE: Years 3 Months 8 Days 22 If less than one day hrs. min.
9. Birthplace Yuma, Yuma Arizona (City, town or county) (State or Country)
10. Usual Occupation child
11. Industry or Business none
Father 12. Name Arnulfo Noriega
13. Birthplace Mexico (City, town or county) (State or Country)
Mother 14. Maiden Name Gavina Corona
15. Birthplace Yuma Arizona (City, town or county) (State or Country)
16. (a) Informant's own signature Arnulfo Noriega
(b) Address 180 No 16th Ave Yuma Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 2/11 1946
18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona
19. (a) February 11, 1946 (Date received Local Registrar)
(b) Mary A Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 8, 1946
TIME (Hour and minute) 8:00 P. M.
21. I hereby certify that I attended the deceased from February 8th, 1946 to 19 ; that I last saw him alive on February 8, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Encephalitis (over)
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION: 2 days.

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 Robert E. Rider M. D.
Address 167 E. 3rd St Date signed Feb. 9, 1946
Yuma, Arizona

40M—100% Rag—6-10-44