

594

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 542
Registrar's No. 63

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 1168 3rd Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none In Community 5.7 yrs In Arizona 5.7 yrs
(Specify whether years, months or days)
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. 1168-3rd Ave (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Paulilo Bedoya (b) If Veteran name war WW I (c) Social Security No. _____

4. Sex male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced married
(b) Name of husband or wife Suey Bedoya (c) Age of husband or wife 62 yrs
7. Birthdate of deceased April 16 1889
(Month) (Day) (Year)
8. AGE: Years 57 Months 8 Days _____
hrs. _____ min. _____
9. Birthplace Yuma, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Employed
11. Industry or Business U.S. R.S.
12. Name Jesús Bedoya
13. Birthplace Yuma, Arizona
(City, town or county) (State or Country)
14. Maiden Name Jesus Varilla
15. Birthplace Ponora Mexico
(City, town or county) (State or Country)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) April 24 1946
TIME (Hour and minute) 7:30 a.m.
21. I hereby certify that I attended the deceased from Jan 6 1946 to April 24 1946
that I last saw him alive on April 24 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary edema from left ventricular failure
Due to Coronary Occlusion
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
4 hrs.
3 mos.
PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Richard Bedoya
(b) Address 1168-3rd Ave Yuma, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma, Arizona (c) Date 4/27 1946
18. (a) Embalmer's Signature Dr. Johnson
(b) Funeral Director the Johnson mortuary
(c) Address Yuma, Arizona
19. (a) April 27 1946 (Date received Local Registrar)
(b) Mary A. Kupperman (Registrar's Signature)
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 Wesley Feuderman M.D.
Address 1590 Yuma, Ariz. Date signed 4/24/46