

2568

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 653

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma, rural (c) Location Yuma General Hosp
(If outside city limits also write RURAL) (St. & No. or Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days ; In Community 60 years ; In Arizona 60 years
(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. 926 3rd. Ave (e) Citizen of foreign country (Yes or No) Yes Mexico
3. (a) FULL NAME Carmen Quintero (b) If Veteran name war no (c) Social Security No. no

4. Sex Female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Alejandro 6. (c) Age of husband or wife, if alive 85 yrs.
7. Birthdate of deceased (Month) 10 (Day) 10 (Year) 1882
8. AGE: Years 64 Months 2 Days 2 If less than one day hrs. min.
9. Birthplace Unknown Mexico (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
Father { 12. Name Cesarito Chavez
13. Birthplace Unknown Mexico (City, town or county) (State or Country)
Mother { 14. Maiden Name Dorotea Hernandez
15. Birthplace Unknown Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Pedro Quintero
(b) Address 1070 - 3rd Ave Yuma Ariz

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Dec 12 1946
TIME (Hour and minute) 1:00 A.M.
21. I hereby certify that I attended the deceased from Dec 8
1946 to Dec 12 1946:
that I last saw her alive on Dec 12 1946:
and that death occurred on the date and hour stated above.
Immediate cause of death Ecemia
Due to: acute pyelonephritis
Due to: Hypertension
Other conditions (Include pregnant within 3 months of death)
Major findings: Of operations
Of autopsy
DURATION 4 days
5 days
PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) Burial, Cremation or Desert Land Burial
(b) Place Yuma Ariz (c) Date 12-14-46
18. (a) Embalmer's Signature F.H. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma Arizona
19. (a) 12-18-46 (Date received Local Registrar)
(b) Mary A. Whifferman (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 Wayne Henderson M. D.
Address Box 1590 Yuma Date signed 12/17/46