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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. ____
Registrar's No. 179.

1. Place of Death: (a) County Yuma (b) City or Town Yuma Rural (If outside city limits also write RURAL) (c) Location Yuma Gen Hosp (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 7 days (Specify whether years, months or days); In Community 11 Months; In Arizona 11 Months
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma (c) City or Town Yuma Rural (If outside city limits also write RURAL)
(d) Street No. 17½ St (e) Citizen of foreign country (Yes or No) no
If Yes, which country ____
3. (a) FULL NAME RAMONA GARCIA CASTANA (b) If veteran name war ____ (c) Social Security No. ____

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Fermin Castana
6. (c) Age of husband or wife, if alive 38 yrs.
7. Birthdate of deceased January 9, 1906 (Month) (Day) (Year)
8. AGE: Years 41 Months 11 Days 4 If less than one day hrs. ____ min. ____
9. Birthplace Del Rio, Texas (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
Father 12. Name Dario Garcia
13. Birthplace Mexico (City, town or county) (State or Country)
Mother 14. Maiden Name Teresa Ortega Garcia
15. Birthplace (unk) — Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Fermin Castaña
(b) Address Rt 1 Box 13M Yuma, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery (c) Date 12/15/47
18. (a) Embalmer's Signature Yuma Ariz. A. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma Arizona
19. (a) 12-13-47. (Date received Local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 13, 1947;
TIME (Hour and minute) 7:00PM M.
21. I hereby certify that I attended the deceased from Oct 20, 1947 to Dec 13, 1947
that I last saw her alive on Dec 13, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia
Due to Squam cell carcinoma of cervix c̄ multiple metastases
Due to ____
Other conditions ____ (Include pregnancy within three months of death)
Major findings: Of operations As above
Of autopsy ____

DURATION
2 days
6 mos.

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 [signature] M. D.
Address Yuma, Az Date signed 12/13/47

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