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

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 657
Registrar's No. 7

1. Place of Death: (a) County Yuma (b) City or Town Yuma, rural (If outside city limits also write RURAL) (c) Location Ave B at 16th st (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community life ; In Arizona life (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. 6th St. and Cemetery Avenue ; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Luis Fernandez (b) If veteran name war WW2 (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 June 21 1921 (Month) (Day) (Year)

8. AGE Years 26 Months 5 Days 24 If less than one day hrs. min.

9. Birthplace Yuma, Arizona (City, town or county) (State or Country)

10. Usual Occupation laborer

11. Industry or Business U.S.B.R.

Father
12. Name Catarino Fernandez
13. Birthplace unk Mexico (City, town or county) (State or Country)

Mother
14. Maiden Name Librada Armenta
15. Birthplace Tucson Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Catarino Fernandez
(b) Address Box 107 Yuma

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Cemetery Yuma Ariz. (c) Date 12-17 1947

18. (a) Embalmer's Signature O. C. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Box 310 Yuma, Arizona

19. (a) Dec. 22, 1947 (Date received Local Registrar)
(b) C. R. Cavanah (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 15, 1947;
TIME (Hour and minute) 1:10A M.

21. I hereby certify that I attended the deceased from 15 Dec., 1947 to 15 Dec., 1947; that I last saw him alive on ; 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of cervical spine with spinal cord injury

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Autopsy

DURATION: 1/2 hr.

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) accident
(b) Date of occurrence 15 Dec. '47
(c) Where did injury occur? Near Somerton, Yuma, Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)
While at work? ? (e) Means of injury Auto accident

23. Signature John F. Stanley M. D.
Address Yuma, Arizona Date signed 17 Dec. '47

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