

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. 724

1. Place of Death: (a) County Yuma (b) City or Town Yuma Rural (c) Location Yuma Gen. Hosp.
 (If outside city limits also write RURAL) (St. & No. (or Name of Institution))
 (d) Length of Stay: In Hospital or Institution 2 days; In Community 2 months In Arizona Life (58 yrs)
 (Specify whether years, months or days)
 2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Glendale
 (If outside city limits also write RURAL)
 (d) Street No. 185 S. 6th ave; (e) Citizen of foreign country (Yes or No) no
 3. (a) FULL NAME Rita Nunez (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 Widowed
 6. (b) Name of husband or wife Odellio 6. (c) Age of husband or wife, if alive, yrs.
 7. Birthdate of deceased Aug 26 1889
 (Month) (Day) (Year)
 8. AGE: Years 58 Months 4 Days 8 If less than one day hrs. min.
 9. Birthplace Tucson Arizona
 (City, town or county) (State or Country)
 10. Usual Occupation Housewife
 11. Industry or Business home
 12. Name Perfect Alday
 13. Birthplace unk Mexico
 (City, town or county) (State or Country)
 14. Maiden Name Marsella Morales
 15. Birthplace unk Mexico
 (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Gilbert Jerez
 (b) Address 1099 7th ave Yuma Ariz
 17. (a) Burial, Cremation or Removal Removal
 (b) Place Glendale, Ariz (c) Date 1-4-48
 18. (a) Embalmer's Signature R. S. Johnson
 (b) Funeral Director The Johnson Mortuary
 (c) Address Box 318 Yuma Ariz
 19. (a) 1-4-48
 (Date received Local Registrar)
 (b) Mary A. Wufflerman
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 4 1948
 TIME (Hour and minute) 5:15 A M.
 21. I hereby certify that I attended the deceased from October 4 1947 to 4 Jan 1948
 that I last saw her alive on 3 January 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death:
1 Congestive heart failure
2 Pulmonary edema
 Due to Chronic hypertensive cardio-vascular renal disease
 Due to _____
 Other conditions Diabetes mellitus
 (Include pregnancy within three months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

DURATION
<u>1 month</u>
<u>1 month</u>
<u>years</u>
<u>years</u>

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)
 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 Phu T. Stanley M. D.
 Address Yuma, Arizona Date signed 4 Jan 48