832

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. 743
Registrar's No. 20.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma General Hospit (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 hrs; 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. II97 3rd Ave; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME SYLVESTER CASTILLO VILLA (b) If veteran name war no (c) Social Security No. ——

4. Sex male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Artemisa
6. (c) Age of husband or wife, if alive 55 yrs.
7. Birthdate of deceased December 28 I885 (Month) (Day) (Year)
8. AGE: Years 62 Months — Days 28 If less than one day hrs. min.
9. Birthplace Castle Dome Landing Yuma Arizona (City, town or county) (State or Country)
10. Usual Occupation Deputy Sheriff
11. Industry or Business Peace Officer

Father
12. Name Roberto Villa
13. Birthplace Unk. Mexico (City, town or county) (State or Country)

Mother
14. Maiden Name Carmen Castillo
15. Birthplace Unk. Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature artemisa villa
(b) Address II97 3rd Ave Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma, Arizona (c) Date 1/28/48

18. (a) Embalmer's Signature [signature]
(b) Funeral Director The Johnson Mortuary
(c) Address Box 3I0 Yuma, Arizona

19. (a) 1-27-48. (Date received Local Registrar)
(b) Mary A. Hupperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 25 Jan., 1948;
TIME (Hour and minute) 2:45 A. M.

21. I hereby certify that I attended the deceased from 24 Jan., 1948 to 25 Jan., 1948;
that I last saw him alive on 25 Jan., 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock & hemorrhage
Due to Bullet wound, left inguinal region
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
5 hours
5 hours

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) Homicide
(b) Date of occurrence 24 Jan. '48
(c) Where did injury occur? Yuma, Yuma, Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place. (Specify type of place)
While at work? Yes (e) Means of injury Bus shot wound

23. Signature John F. Stanley M. D.
Address Yuma, Arizona Date signed 27 Jan. '48

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