1571

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. 1415
Registrar's No. 26.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 973 7th Ave (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 65 yrs; In Arizona 65 yrs (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. 973 7th Avenue; (e) Citizen of foreign country (Yes or No) yes
If Yes, which country Mexico

3. (a) FULL NAME Guadalupe C. Alcala (b) If veteran name war — (c) Social Security No. —

4. Sex Fem. 5. Race White [X] Indian [ ] Negro [ ] Oriental [ ] 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife Francisco 6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased December 12 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 21 If less than one day hrs. ..... min. .....

9. Birthplace unk (City, town or county) Mexico (State or Country)

10. Usual Occupation hwfe

11. Industry or Business home

Father 12. Name Serafico Cancio
13. Birthplace Tucson (City, town or county) Arizona (State or Country)

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

16. (a) Informant's own signature Margaret Alcala
(b) Address Yuma Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Desert Lawn Yuma, Arizona (c) Date 2-5 1948

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

19. (a) 2-4-48 (Date received Local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

40M—100% Rag—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 3 1948
TIME (Hour and minute) 10:40P M.

21. I hereby certify that I attended the deceased from August 22, 1947 to February 3, 1948; that I last saw her alive on February 3, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Degenerative Arteriosclerosis and Chronic Hypertension

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
6 months, intermittent.
10 yrs.
10 yrs.

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 Robert M Matts M. D.
Address 380 Main St Yuma, Arizona Date signed 4 Feb '48