2200

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. 1979
Registrar's No. 44

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location 213 Madison Ave (St. & No. (or Name of Institution))
(d) Length of Stay: In Hospital or Institution none; In Community life 84 yrs (Specify whether years, months or days); In Arizona life 84 yrs
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. 213 Madison ave
3. (a) FULL NAME Tomasa Frank (b) If veteran name war (e) Citizen of foreign country (Yes or No) No If Yes, which country (c) Social Security No. —

4. Sex Female
5. Race White X Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife Abraham
6. (c) Age of husband or wife, if alive ... yrs.
7. Birthdate of deceased Dec 29 1863 (Month) (Day) (Year)
8. AGE: Years 84 Months 2 Days 2 If less than one day hrs. ... min.
9. Birthplace Yuma, Arizona (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
Father 12. Name Bernardino Sartillon
13. Birthplace (Rank) Mexico (City, town or county) (State or Country)
Mother 14. Maiden Name Martina Daniel
15. Birthplace (Rank) Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Lizzie Frank
(b) Address 213 Madison Ave Yuma Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 3/8 1948
18. (a) Embalmer's Signature O. C. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Box 310 Yuma Arizona
19. (a) 3-3-48. (Date received by Local Registrar)
(b) Mary A. Huffersman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 2, 1948
TIME (Hour and minute) 1:45 a.
21. I hereby certify that I attended the deceased from Mch 1, 1948 to Mch 2, 1948
that I last saw h. alive on Mch 2, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy
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) Nature of injury
23. Signature W. A. Carr M. D.
Address Yuma Ariz Date signed Mch 2, 1948

DURATION
4 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically

4

40M—100% Rag—1-47