629

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 924

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 44

Local Registrar's No. 41

PLACE OF DEATH

County: Yuma

District: Yuma

Town Or City: Yuma

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Maclovia Muñez

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Oct 10 1905 (Month) (Day) (Year)

AGE: 8 yrs. 7 mos. 22 days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed or (employer):

BIRTHPLACE (State or country): Yuma Ariz

PARENTS
NAME OF FATHER: Jose Muñez
BIRTHPLACE OF FATHER (State or country): Yuma Ariz
MAIDEN NAME OF MOTHER: Agripina Angulo
BIRTHPLACE OF MOTHER (State or country): Yuma Ariz

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Jake Lerma

(Address): Yuma

PLACE OF BURIAL OR REMOVAL: Yuma Ariz

DATE OF BURIAL OR REMOVAL: 6-3 1914

UNDERTAKER: O C Johnson

ADDRESS: Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 2 1914 (Month) (Day) (Year)

I hereby certify, that I attended deceased from May 20 1914 to June 2 1914; that I last saw him alive on June 2 1914, and that death occurred on the date stated above at 11:P M. The DISEASE or INJURY causing Death was as follows: Typhoid Fever

(Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona? no

If not, where? Beyth Camp

CONTRIBUTORY

(Duration) ..... yrs. ..... mos. ..... days.

(Signed) Jake Lerma

July 4 1914 (Address) Yuma

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 7 yrs. 7 mos. 2 ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed July 4 1914 [signature] Local Registrar

Filed July 4 1914 E. B. Wells County Registrar