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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2818

CERTIFICATE OF DEATH

422.2

REGISTRAR'S NO. 73

15-15-86
DATE OF DEATH

6
RESIDENCE

1. PLACE OF DEATH
A. COUNTY Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 77 yrs 77 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma - Rural

2. USUAL RESIDENCE
A. STATE Arizona
B. COUNTY Yuma
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma - Rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rt 2, Box 80 Yuma - rural

3. NAME OF DECEASED
A. (FIRST) David
B. (MIDDLE) R
C. (LAST) Figueroa
4. SEX male
5. COLOR OR RACE white

6. MARRIED NEVER MARRIED WIDOWED DIVORCED
7. DATE OF BIRTH MONTH DAY YEAR Sept 7 1971
8. AGE YEARS MONTHS DAYS 77 7 25
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Plasterer

9B. KIND OF BUSINESS OR INDUSTRY Plasterer
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.

14A. FATHER'S NAME Plutarco Figueroa
14B. BIRTHPLACE (STATE OR COUNTRY) Mexico
15A. MOTHER'S MAIDEN NAME Teresa Carrizosa
15B. BIRTHPLACE (STATE OR COUNTRY) Mexico

16. INFORMANT'S SIGNATURE Matilda Carbajal
ADDRESS Rt 2 Box 80
17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 26 1949

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Myocarditis
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH 2-7-49
2-7-49

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I TENDED THE DECEASED FROM April 21 1949 TO April 26 1949 THAT I LAST SAW THE DECEASED ALIVE ON April 26 1949 AND THAT DEATH OCCURRED AT 11:21 P.M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.

23A. SIGNATURE W. C. Carrizosa
23B. ADDRESS Yuma Ariz
23C. DATE SIGNED 4-27-49

24A. BURIAL CREMATION REMOVAL
24B. DATE 4/28/49
24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona

25A. DATE REC'D BY LOCAL REG. 4-28-49
25B. REGISTRAR'S SIGNATURE Mary A. Huffman
26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary Box 310 Yuma Ariz by O. Johnson

FORM VS 2 REV. 1-1-49