

1414

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS *422.2* STATE FILE NO. **3310**
CERTIFICATE OF DEATH REGISTRAR'S NO. **97.**

15 OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Yuma		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yuma	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Yuma	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 70 yrs 70 yrs		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 691 Second Ave	
2 EDENT SONAL DATA 188 8 688	3. NAME OF DECEASED A. (FIRST) Margarita B. (MIDDLE) Dominguez C. (LAST) Mejia			4. SEX female
	5. COLOR OR RACE white			6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
	7. DATE OF BIRTH MONTH June DAY 10 YEAR 1860		8. AGE YEARS 88 MONTHS 11 DAYS 26	
9 CAUSE OF DEATH 1822 0 EM 18) 0	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Homemaker (retired)		9B. SOCIAL SECURITY NO.	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY? Mexico ✓	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO.	
10 ATIONS, TOPSY 2	14A. FATHER'S NAME Cipriano Dominguez		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
	15A. MOTHER'S MAIDEN NAME Maria Palma		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
	16. INFORMANT'S SIGNATURE Jose Mejia		17. DATE OF DEATH MONTH June DAY 6 YEAR 1949	
11 EATH IE TO ERNAL LENCE 18	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 (b) STATING THE UNDERLYING CAUSE LAST. Sevility DUE TO (c) Abdominal tumor II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 30 days	
12 EATH IE TO ERNAL LENCE 18	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) (MINUTE) OF INJURY	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
13 DICAL RNER'S IFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 1, 1949 TO June 6, 1949 . THAT I LAST SAW THE DECEASED ALIVE ON June 6, 1949 AND THAT DEATH OCCURRED AT 5:50 PM (CAUSE AND ON THE DATE STATED ABOVE).			
	23A. SIGNATURE Harold J. Steyer		23B. ADDRESS Yuma Ariz	
	23C. DATE SIGNED 6-7-49		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
14 NERAL ECTOR AND STRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 6/10/49	
	24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
	25A. DATE REC'D BY LOCAL REG. 6-7-49		25B. REGISTRAR'S SIGNATURE Mary A. Wufferman	
26. FUNERAL DIRECTOR'S SIGNATURE John Johnson		26. ADDRESS 1307 30 Yuma Ariz		
27. EMBALMER'S SIGNATURE John Johnson		27. CERT. NO. 19A		