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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 763,0 STATE FILE NO.

CERTIFICATE OF DEATH

5392

BIRTH NO. 567 - acc.

REGISTRAR'S NO. 162

15 OF DEATH 51 AND RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Yuma			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 3 days 3 days		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma	
D. FULL NAME OF HOSPITAL OR INSTITUTION 6th st and 12 the Ave			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 6th st and 12th ave			
1 IDENT 2 PERSONAL DATA 303 0 049	3. NAME OF DECEASED (TYPE OR PRINT) CELESTINO ANGULO			4. SEX Male		5. COLOR OR RACE White
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR Oct 7 1949		8. AGE YEARS MONTHS DAYS 3		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Child
9B. KIND OF BUSINESS OR INDUSTRY Child	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) no	
14A. FATHER'S NAME Ruben E. Angulo			14B. BIRTHPLACE (STATE OR COUNTRY) Calif.		15A. MOTHER'S MAIDEN NAME Elizabeth Sotelo	
15B. BIRTHPLACE (STATE OR COUNTRY) New Mex.			16. INFORMANT'S SIGNATURE Ruben Angulo - 6th st and 12 ave			
1 CAUSE OF DEATH 0 M 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 CONTRACTIONS.			17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 9, 1949		
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS Gastro-enteritis with diarrhea.		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		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?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8 Oct 1949 TO 10 Oct 1949 AND THAT DEATH OCCURRED AT 1:55A FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE Phm J. Stanley, M.D.		23B. ADDRESS Yuma, Arizona		23C. DATE SIGNED 10 Oct 49		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Oct 10, 1949		24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery		
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona		25A. DATE REC'D BY LOCAL REG. 10-10-49		25B. REGISTRAR'S SIGNATURE Mary A. Wufferman		
26. FUNERAL DIRECTOR'S SIGNATURE O. Johnson		26. ADDRESS Box 310 Yuma		27. EMBALMER'S SIGNATURE O. Johnson		
27. CERT. NO. 19A						