ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1513

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 6

PLACE OF DEATH AND USUAL RESIDENCE (15, 15, 34, 34, X)

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Somerton
C. LENGTH OF STAY IN THIS PLACE: 29 yr; IN ARIZONA: 29 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 420 Spring St

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Somerton
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 420 Spring St

DECEDENT PERSONAL DATA (—, 4, 3, 17, 8, 253)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) NATIVIDAD B. (MIDDLE) GUERRERO C. (LAST) FERNANDEZ
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
7. DATE OF BIRTH: MONTH Sept DAY 8 YEAR 1881
8. AGE: YEARS 71 MONTHS 5 DAYS 6
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? not known
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: no
14A. FATHER'S NAME: Magdaleno Guerrero
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Bernardina Barrera
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: G. Mezana ADDRESS: 420 Spring St, Somerton, Ariz
17. DATE OF DEATH (MONTH) February (DAY) 14 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) (0, 0)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 4332
+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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Chronic Myocarditis — 1 year
DUE TO (c) Old Age — 104 years

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY (2)

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

DEATH DUE TO EXTERNAL VIOLENCE (—, —, —)

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION (1)

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 9, 1953 TO Feb. 14, 1953 THAT I LAST SAW THE DECEASED ALIVE ON Feb. 13, 1953 AND THAT DEATH OCCURRED AT 7:10 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Philip C. Pulos MD (DEGREE OR TITLE)
23B. ADDRESS: Somerton Ariz.
23C. DATE SIGNED: 2/15/53

FUNERAL DIRECTOR AND REGISTRAR (78, 2, 129)

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 2-14-53
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.: 2/17/53
25B. REGISTRAR'S SIGNATURE: A.R. Cavanah
26. FUNERAL DIRECTOR'S SIGNATURE: R E Johnson ADDRESS: The Johnson Mortuary, Inc. Box 310 Yuma, Arizona
27. EMBALMER'S SIGNATURE: R E Johnson CERT. NO.: 246A

FORM VS 2 REV. 20M