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N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Yuma State Arizona State File No. 558
 District or Township Yuma or Village _____ Registered No. 81
 City Yuma No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Felicita Valencia
 (a) Residence, No. 11th st + main canal Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female Mexican</u>	4. COLOR or RACE <u>single</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)			16. DATE OF DEATH <u>June 8 1928</u> Month Day Year	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>never</u> to _____ 19____, that I last saw her alive on <u>never</u> 19____, and that death occurred, on the date stated above, at <u>3:00 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Whooping Cough</u>	
6. DATE OF BIRTH (month, day and year) <u>Nov 23/1926</u>					(duration) _____ yrs. _____ mos. <u>4</u> ds.	
7. AGE	Years <u>1</u>	Months <u>6</u>	Days <u>15</u>	IF LESS than 1 day _____ hrs. _____ min.	CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>child</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					18. Where was disease contracted _____ If not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>Viewed Body</u> What test confirmed diagnosis? <u>History of case</u> (Signed) <u>H. H. Reese</u> M. D. <u>June 8 1928</u> (Address) <u>Yuma, Ariz.</u>	
9. BIRTHPLACE (city or town) <u>Yuma Ariz.</u> (State or country)					* State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).	
10. NAME OF FATHER <u>Rafael Valencia</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>6/8-28</u>	
11. BIRTHPLACE OF FATHER <u>Mexico</u> (city or town)					20. UNDERTAKER <u>Johnson</u> ADDRESS <u>Yuma Ariz.</u>	
12. MAIDEN NAME OF MOTHER <u>Florencia Coronado</u>						
13. BIRTHPLACE OF MOTHER <u>New Mexico</u> (city or town)						
14. Informant <u>Johnson</u> (Address) <u>Yuma Ariz.</u>						
15. Filed <u>June 8</u> , 19 <u>28</u> by <u>H. H. Reese</u> Registrar.						