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R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma
District Yuma
Town Yuma
Or City Yuma

BUREAU OF VITAL STATISTICS

State Index No. 398

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 135

Local Registrar's No. 125

No. _____ St. _____
(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

FULL NAME Librado Valencia

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that-it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED DIVORCED	DATE OF DEATH <u>Aug 13, 1921</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 17, 1910</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Aug 13</u> 19 <u>21</u> to <u>Aug 13, 1921</u> ; that I last saw him alive on <u>Aug 13, 1921</u> and that death occurred on the date stated above at <u>6:30 P.M.</u> The DISEASE or INJURY causing	
AGE <u>10</u> yrs. <u>27</u> mos. <u>27</u> days If less than 1 day hrs., or min.			Death was as follows: <u>Acute Intestinal Intoxication</u> (Duration) yrs. mos. <u>10</u> days.	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>Yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Arizona</u>			CONTRIBUTORY* (Duration) yrs. mos. days.	
PARENTS	NAME OF FATHER <u>Rafael Valencia</u>		(Signed) <u>J. K. Kibben</u> <u>Aug 13, 1921</u> (Address) <u>Yuma</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>		Death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Flourina Valencia</u>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>			At place of death... yrs. mos. ds. In Arizona... yrs. mos. ds.	
The Above is True to the Best of My Knowledge (Informant) <u>J. K. Kibben</u> (Address) <u>Yuma Ariz</u>			Former or Usual Residence _____	
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>Sept 15, 1921</u>		
UNDERTAKER <u>J. K. Kibben</u>		ADDRESS <u>Yuma Ariz</u>		
			Filed <u>Aug 15, 1921</u> <u>H. Wupperman</u> Local Registrar.	
			Filed <u>Sept 9, 1921</u> <u>D. C. Kibben</u> County Registrar.	