

2397

83

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

State Index No. 238

### ORIGINAL CERTIFICATE OF DEATH

County Registered No. 63

Local Registrar's No. 38

#### PLACE OF DEATH

County Yuma

District Yuma

Town Yuma

Or City Yuma

No. Madison Ave 121 St.  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Elisario Higuera

#### PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White SINGLE  MARRIED  WIDOWED  or DIVORCED

DATE OF BIRTH July 14 1894  
(Month) (Day) (Year)

AGE 71 yrs. 10 mos. 10 days hrs., or min. If less than 1 day

OCCUPATION (a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Mexico

NAME OF FATHER Ignacio Higuera

BIRTHPLACE OF FATHER (State or country) Mexico

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ramon Higuera

(Address) Yuma Ariz.

PLACE OF BURIAL OR REMOVAL Yuma Cemetery DATE OF BURIAL OR REMOVAL 7/26 1915

UNDERTAKER O. Johnson ADDRESS Yuma Ariz.

#### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1915  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 1915 to July 24 1915; that I last saw him alive on July 24 1915, and that death occurred on the date stated above at 11:30 P. M. The DISEASE or INJURY causing

Death was as follows: Cirrhosis of liver

(Duration) 7 yrs. 10 mos. 10 days

Was disease contracted in Arizona Yes  
If not, where?

CONTRIBUTORY (Duration) 7 yrs. 10 mos. 10 days

(Signed) J. A. Kitchener  
7-26-1915 (Address) Yuma

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death 7 yrs. 10 mos. 10 ds. In Arizona 7 yrs. 10 mos. 10 ds.

Former or Usual Residence Yuma  
Filed Aug 26 1915

Local Registrar W. H. Hopper  
County Registrar W. H. Hopper

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.