

1488

If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

### Arizona Territorial Board of Health

#### BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH 352

PLACE OF DEATH  
County of Greenlee  
District of \_\_\_\_\_  
Town of Mitchell  
or  
City of \_\_\_\_\_

Ter. Index No. \_\_\_\_\_  
County Registered No. 163

(If death occurs away from USUAL (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)  
RESIDENCE, give facts called for under "Special information.")  
FULL NAME Petra Aguerro

PERSONAL AND STATISTICAL PARTICULARS	
LENGTH OF RESIDENCE	
At Place of Death <u>15</u> yrs. _____ mos.	
In Arizona <u>15</u> yrs. _____ mos.	
SEX <u>Female</u>	COLOR OR RACE <u>White</u> <u>Black</u> <u>Mexican</u>
DATE OF BIRTH <u>8/18</u>	
(month) _____ (day) _____ (year) _____	
AGE <u>93</u>	
years _____ months _____ days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
BIRTHPLACE (State or foreign country) <u>Mexico</u>	
OCCUPATION _____	
NAME OF FATHER <u>Gerónimo Aguerro</u>	
BIRTHPLACE OF FATHER (State or foreign country) <u>Mexico</u>	
MAIDEN NAME OF MOTHER <u>Nicolasa Muñoz</u>	
BIRTHPLACE OF MOTHER (State or foreign county) <u>Mexico</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
Informant) _____	
(Address) _____	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Aug 17</u> 19 <u>11</u>	
(month) _____ (day) _____ (year) _____	
I hereby certify, That I attended deceased from <u>Aug 13</u> 19 <u>11</u> to <u>Aug 17</u> 19 <u>11</u>	
that I last saw her alive on <u>Aug 17</u> 19 <u>11</u>	
and that death occurred on the date stated above at <u>1 P</u> M	
The DISEASE or INJURY causing DEATH was as follows: <u>Acute Bronchitis</u>	
Where contracted <u>Arizona</u>	Duration <u>8 1/2 weeks</u>
Contributing cause (if any) _____	
Where contracted _____	Duration _____
(Signed) <u>E. J. Poyan</u> M. D.	
<u>8/20</u> 19 <u>11</u> Address <u>Mitchell A. T.</u>	
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
Former or Usual residence _____	How long at Place of Death _____ Days
Place of burial or removal <u>Mitchell</u>	Date of burial or removal <u>Aug 18</u> 19 <u>11</u>
Undertaker <u>none</u>	Address _____
Filed <u>Aug 17</u> 19 <u>11</u>	<u>R. B. Ball</u> Local Registrar
Filed <u>8/20</u> 19 <u>11</u>	<u>Lawrence</u>