9307

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 90

County Registered No.

Local Registrar's No. 44

PLACE OF DEATH

County Graham

District

Town

Or City Safford

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Manuela Padilla

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Sept. 9 1827 (Month) (Day) (Year)

AGE ..... yrs ..... mos ..... days

If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: Jacquin Padilla

BIRTHPLACE OF FATHER (State or country): Mexico

MAIDEN NAME OF MOTHER: Phillipa Tellez

BIRTHPLACE OF MOTHER (State or country): Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ramon Contreras

(Address) Safford

PLACE OF BURIAL OR REMOVAL: Graham Co.

DATE OF BURIAL OR REMOVAL: Sept. 18 1918

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 17 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 9/11/18 191..... to 9/17 191 8; that I last saw her alive on 9/17 191 8, and that death occurred on the date stated above at 12 M. The DISEASE or INJURY causing death was as follows: Cancer of Uterus

(Duration) 1 yrs ..... mos ..... days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

(Duration) ..... yrs ..... mos ..... days

(Signed) J. N. Stratton

10/18 191 8 (Address) Safford

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

LENGTH OF RESIDENCE

At place of death ..... yrs ..... mos ..... ds. In Arizona ..... yrs ..... mos ..... ds.

Former or Usual Residence

Filed 10/31 191 8 W. V. Thorpe
Local Registrar

Filed 12/14 191 8 J. N. Stratton
County Registrar