[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 6
County Registered No. 173
Local Registrar's No.

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.

PLACE OF DEATH

County Cochise
District Tombstone
Town Or City Tombstone
No. St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Angela Andrade

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White Indian Black Chinese Mexican

*SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: January (Month) 20 (Day) 1919 (Year) 191

AGE: yrs. 1 mos. 28 days; If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Arizona

PARENTS
NAME OF FATHER: Alberto Andrade
BIRTHPLACE OF FATHER (State or country): Ariz
MAIDEN NAME OF MOTHER: Candelaria Ariola
BIRTHPLACE OF MOTHER (State or country): Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Candelaria Ariola de Andrada
(Address) Fairbank

PLACE OF BURIAL OR REMOVAL: Fairbank
DATE OF BURIAL OR REMOVAL: Mch 17, 1919 191
UNDERTAKER: Family
ADDRESS: Fairbank

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 18 (Day) 1919 (Year) 191

I hereby certify, that I attended deceased from ..... 191 ..... to ..... 191 ..... ; that I last saw h..... alive on ..... 191 ....., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows:

No physician. Bronchopneumonia

(Duration) ..... yrs. ..... mos. 3 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Pertussis

(Duration) ..... yrs. ..... mos. 1 10 days

(Signed) .....

191 ..... (Address) .....

*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 3/24/19 191 [signature] Local Registrar

Filed Apr. 3 1919 H. A. Reese County Registrar