

1705

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
County Greenlee  
District \_\_\_\_\_  
Town Moenie  
Or City \_\_\_\_\_

State Index - - No. \_\_\_\_\_  
County Registered No. 23  
Local Registrar's No. 12

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Agrota Mon

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
FILL OUT ALL BLANKS.  
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

SEX <u>Female</u>	Color or Race White Indian Black Chinese Mexican <u>_____</u>	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH _____ 19____ (Month) (Day) (Year)		
AGE <u>10</u> yrs. _____ mos. <u>14</u> days If less than 1 day hrs., or _____ min.		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer) <u>Girl</u>		
BIRTHPLACE (State or country) <u>Mexico</u>		
PARENTS	NAME OF FATHER <u>Mon</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>	
	NAME OF MOTHER <u>Castro</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Mexico</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27, 1921  
(Month) (Day) (Year)

I hereby certify that I attended deceased from 8/28 1921 to 3/27 1921; that I last saw her alive on 3/26 1921, and that death occurred on the date stated above at 2 P. M. The DISEASE or INJURY causing death was as follows: Measles

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 days  
Was disease contracted in Arizona? Yes  
If not, where? \_\_\_\_\_

CONTRIBUTORY Broncho pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 days  
(Signed) J. Stewart  
3/27 1921 (Address) Moenie

\*In death 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 Ariz. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Former or Usual Residence \_\_\_\_\_

Filed Mar 28 1921 J. Stewart  
Local Registrar.

Filed 3/16 21 \_\_\_\_\_  
County Registrar.

The Above is True to the Best of My Knowledge  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_  
PLACE OF BURIAL OR REMOVAL My Church DATE OF BURIAL OR REMOVAL Mar 28 1921  
UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_