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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
County Greenlee  
District Duncan  
Town Duncan  
Or City Duncan

ORIGINAL CERTIFICATE OF DEATH

State Index No. 168  
County Registered No. 24  
Local Registrar's No. ....

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

FULL NAME Regina Oriola

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female  
Color or Race White  
Indian Black  
Chinese Mexican  
SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED

DATE OF BIRTH May 1912  
(Month) (Day) (Year)

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

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

BIRTHPLACE (State or country) Namiquipa Mexico

NAME OF FATHER Josi Oriola

BIRTHPLACE OF FATHER (State or country) Namiquipa Mexico

MAIDEN NAME OF MOTHER Josefa Ramos de Oriola

BIRTHPLACE OF MOTHER (State or country) Namiquipa Mexico

The Above is True to the Best of My Knowledge  
(Informant) Agnes M. Ke Wallace M.D.  
(Address) Duncan Arizona

PLACE OF BURIAL OR REMOVAL Duncan

DATE OF BURIAL OR REMOVAL Mar 1912

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21, 1912  
(Month) (Day) (Year)

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: Influenza

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

CONTRIBUTORY Had no medical attention (Duration) ... yrs. ... mos. ... days  
(Signed) Agnes M. Ke Wallace M.D.  
Mar 27 1922 (Address) Duncan Arizona

\*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 Arizona... yrs... mos... ds.  
Former or Usual Residence .....

Filed 4/2 1922 Agnes M. Ke Wallace  
Local Registrar.

Filed 4/9 1922 Law Birtch  
County Registrar.