

2281

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise BUREAU OF VITAL STATISTICS State Index - - - No. 31
District Benson County Registrar's - No. _____
Town Benson Local Registrar's - No. 4
or City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Guadalupe S. Espinoza
(a) Residence. No. Fifth St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE Mexican 5. SINGLE, MARRIED, WID-OWED or DIVORCED Married
5a. If married, widowed, or divorced. HUSBAND of Lazaro A. Espinoza (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Jan. 2, 1898
7. AGE Years 28 Months 5 Days 17 IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Murisich
(State or country) Sonora, Mexico

10. NAME OF FATHER Angel Santa Maria

11. BIRTHPLACE OF FATHER _____ (city or town)
(State or country) Sonora, Mexico

12. MAIDEN NAME OF MOTHER Carmen Lopez

13. BIRTHPLACE OF MOTHER Murisich
(State or country) Sonora Mexico

14. Informant L.A. Espinoza
(Address) Benson, Arizona

15. Filed May 18, 1926 J. H. Morrison Local Registrar.
Filed _____ 19 _____ County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5-19-1926

17. I HEREBY CERTIFY, That I attended deceased from 5-13, 1926 to 5-19, 1926, that I last saw him alive on 5-18, 1926, and that death occurred, on the date stated above, at 7:45 A.M. The CAUSE OF DEATH* was as follows:

Burns, caused by explosion of kerosene and clothing becoming ignited.

(duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. There was disease contracted _____ if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no

What test confirmed diagnosis? Clinical
(Signed) Richard E. Gillette M. D.
5-19-1926 (Address) Benson, Arizona

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Benson Cemetery DATE OF BURIAL May 19, 1926

20. UNDERTAKER Society & Friends ADDRESS Benson