

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFAADING 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Maricopa
District Glendale
Town or City Glendale

State Index - - - No. 313
County Registrar's - No. 11
Local Registrar's - No. 11

2. FULL NAME Angela Vasquez
(If death occurred in a hospital or institution, give its NAME instead of street number)

(a) Residence. No. Glendale St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR or RACE <u>Mexico</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Married</u>		16. DATE OF DEATH (month, day, and year) <u>1/27 1928</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Manuel Moreno</u> (or) WIFE of _____				17. HEREBY CERTIFY, That I attended deceased from <u>Jan 26 - 27</u> to <u>only</u> 19____ that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at <u>11 A.</u> m. The CAUSE OF DEATH* was as follows: <u>Embolic</u>			
6. DATE OF BIRTH (month, day and year)				CONTRIBUTORY (Secondary) <u>88</u>			
7. AGE	Years <u>21</u>	Months	Days	18. Where was disease contracted if not at place of death? _____			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer				Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>clinical</u> Signed <u>[Signature]</u> M. D. <u>[Signature]</u> (Address) _____			
9. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
10. NAME OF FATHER <u>Julio Vasquez</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Glendale Cemt</u> DATE OF BURIAL <u>Jan 28 1928</u>			
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Mexico</u>				20. UNDERTAKER <u>Friends</u>			
12. MAIDEN NAME OF MOTHER <u>Ignacia Estrada</u>				ADDRESS _____			
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Mexico</u>							
14. Informant (Address) <u>[Signature]</u>							
15. Filed <u>Jan 27, 1928</u> <u>[Signature]</u> Local Registrar.							
V. S. No. _____, 19____							
				County Registrar.			