2299

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... 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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Gila State Ariz State File No. 82

District or Township ..... or Village ..... Registered No. 21

City Hayden No. ..... St., ... Ward or

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Flora Santa Maria Henry

(a) Residence. No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident, 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

3. SEX F.

4. COLOR or RACE Mex

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Apr 4-1928

7. AGE Years 0 Months 6 5 Days 13 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (city or town) Hayden (State or country) Ariz.

PARENTS

10. NAME OF FATHER Alberto Henry

11. BIRTHPLACE OF FATHER ..... (city or town) (State or country) Mex.

12. MAIDEN NAME OF MOTHER Guadalupe Santa Maria

13. BIRTHPLACE OF MOTHER Mexico (city or town) (State or country)

14. Informant Lorenzo Velasquez (Address) Hayden Ariz

15. Filed Sept 18, 1928 W. B. Nash Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9 (Month) 17 (Day) 1928 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/10/, 1928 to 9/17/, 1928 that I last saw her alive on 9/12/, 1928 and that death occurred, on the date stated above, at 8 30 A m. The CAUSE OF DEATH* was as follows:

Gastro-enteritis

..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. Where 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 signs

(Signed) Fitz R. Winslow M. D.

Maria 9/18/ 1928 (Address) Hayden Ariz

* 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 Winkelman Ariz

DATE OF BURIAL Sept 18, 1928

20. UNDERTAKER Friends

ADDRESS Hayden Ariz