609

Clerk

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 50

Registered No.

1. PLACE OF DEATH

County Cochise State Arizona

District or Township Douglas or Village

City Douglas No. St., Ward

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

2. FULL NAME Josefa Ayala de Arvizu

(a) Residence, No. 632-2nd St 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	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	Mexican	married

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

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
54			

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)
(State or country) Mexico

PARENTS

10. NAME OF FATHER Not Known

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. Informant Francisco Arvizu
(Address) 632-2nd St

15. Filed 12/31, 1928 J. Caswell Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF BIRTH 12-29-28 (Month Day Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928 to Dec 28, 1928, that I last saw him alive on Dec 28, 1928, and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) ____ yrs. 1 mos. ____ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [illegible], M. D. (Address) Dec 30-28

* 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 Douglas

DATE OF BURIAL 12-30-28

20. UNDERTAKER Porter & Ames

ADDRESS Douglas

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A [illegible] PHYSICIANS should see that fully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. Sex must be properly classified.