998

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 421

Registered No. 632

1. PLACE OF DEATH

County Maricopa State

District or Township or Village or

City Phoenix, Arizona No. St., Ward

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

FULL NAME Victoria Jauregui

(a) Residence, No. 906 W. Tonto 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 8 yrs. mos. ds. How long in U. S. if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
F	Mexican	Married

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

6. DATE OF BIRTH (month, day and year) Dec. 3 1901

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
27			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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 Amos Osunia

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

12. MAIDEN NAME OF MOTHER Moraila

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

14. Informant Joe Jauregui
(Address) Ariz. Packing Co.

15. Filed 19 Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 28th, 1928
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 12/28, 1928 to 12/28, 1928 that I last saw her alive on Dec 28, 1928, and that death occurred, on the date stated above, at 9:50 PM

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) influenza

(duration) yrs. mos. 2 wks ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M.D.
19 (Address)

* 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 St. Francis

DATE OF BURIAL 1/3/28

20. UNDERTAKER A. E. MOORE & SONS

ADDRESS