[redacted]

BUREAU OF VITAL STATISTICS — ARIZONA STATE BOARD OF HEALTH — STANDARD CERTIFICATE OF DEATH

State File No. 661

Local Registrar's No. 46

1. PLACE OF DEATH
County: Yuma — State: Arizona
District or Township: Yuma — or Village: — or
City: Yuma — No. — St., — Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME: Dolores Figueroa Villa

(a) Residence, No. 492 7th ave 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 5 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: Mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Joe Villa

6. DATE OF BIRTH (month, day and year): Feby 20 1894

7. AGE: Years 5 5 — Months — Days 18 — 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): Tucson
(State or country): Arizona

PARENTS

10. NAME OF FATHER: Eliseo Figueroa
11. BIRTHPLACE OF FATHER: unknown (city or town)
(State or country): Mexico
12. MAIDEN NAME OF MOTHER: Gregoria Martinez
13. BIRTHPLACE OF MOTHER: Sonora (city or town)
(State or country): Mexico

14. Informant: O. Johnson
(Address): Yuma Ariz.

15. Filed Mar. 12, 1929. Mary A. Huffman, Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 10 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1929 to March 10, 1929 that I last saw h[illegible] alive on March 10, 1929 and that death occurred, on the date stated above, at 2:45 P. m. The CAUSE OF DEATH* was as follows:
Endocarditis

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) ___ yrs. ___ 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) Yuma Ariz.
March 12 1929

* 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: Yuma Cemetery — DATE OF BURIAL: 3/12/29

20. UNDERTAKER: O. Johnson — ADDRESS: Yuma Ariz.

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