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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 579

Local Registrar's No. 101

1. PLACE OF DEATH

County Yuma State Arizona

District or Township Yuma or Village

City Yuma No. St., Ward

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

2. FULL NAME Eva Angelina Gloria

(a) Residence, No. 12th st & ave C 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 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR or RACE: Mexican

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) March 7, 1909

7. AGE: Years 20 Months 2 Days 12 IF LESS than 1 day ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work

(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): Dayton New Mexico

PARENTS

10. NAME OF FATHER: Juan Gloria

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

12. MAIDEN NAME OF MOTHER: Sostenes Sanchez

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

14. Informant: Paul Gloria

(Address) Balance Ranch 12th street

15. Filed May 20, 1929. Mary A. Huffenman Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 19 (Day) 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929 to May 17, 1929, that I last saw her alive on May 19, 1929 and that death occurred, on the date stated above, at 1:00 a.m. The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(duration) ~ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. C. Cain, M. D.

May 20 1929 (Address) Yuma 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: Yuma Cemetery

DATE OF BURIAL: 5/20-29

20. UNDERTAKER: O. Johnson

ADDRESS: Yuma Ariz

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.