

905

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

1. PLACE OF DEATH
County: Maricopa State: Arizona Local Registrar's No. 33
District or Township: Mesa or Village: Santa Vista
City: Mesa

2. FULL NAME: Josefa Maranda
(a) Residence, No. Santa Vista St., Mesa, Ariz.
Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. COLOR or RACE: Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED: widowed

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

6. DATE OF BIRTH (month, day and year): 1920
7. AGE: 110 Years Months Days IF LESS than 1 day or min. hrs.

8. OCCUPATION OF DECEASED: at home
(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) (State or country): Mexico

10. NAME OF FATHER: unknown

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

12. MAIDEN NAME OF MOTHER: unknown

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

14. Informant: Santiago Maldonado (Address) Mesa Ariz.

15. Filed: 2-10-1930 Dr. F.W. Brown Registrar. Mrs. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 10 1930
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1930 to Feb 10 1930, that I last saw him alive on Jan 10 1930, and that death occurred, on the date stated above, at E.A. m. The CAUSE OF DEATH was as follows:

Old Age, lack of vitality & apatita for 3 months
(duration) yrs. 3 mos. 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) [Signature] M. D. (Address) Mesa 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: Mesa cemetery DATE OF BURIAL: Feb. 11, 1930 ADDRESS: Mesa, Ariz.

20. UNDERTAKER: MELDRUM MORTUARY

MARGIN RESERVED FOR BINDING. Every item of information should be carefully written in plain ink. This is a permanent record. Every item of information should be carefully written in plain ink. This is a permanent record. Every item of information should be carefully written in plain ink. This is a permanent record.