3066

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 502

1. PLACE OF DEATH

County Pima State Arizona Registered No.

District or Township or Village or

City Ajo No. St., Ward

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

2. FULL NAME Elvira C de Sanora

(a) Residence, No. Cabarca Sonora, Mexico 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. 14 ds. How long in U. S. if of foreign birth? 12 yrs. mos. ds.

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~~ Francisco Sanora

6. DATE OF BIRTH (month, day and year) 1866

7. AGE Years 64 Months Days If LESS than 1 day ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Los Angeles Cal

(State or country)

PARENTS

10. NAME OF FATHER Bernabe Corella

11. BIRTHPLACE OF FATHER Altar District (city or town)

(State or country) Sonora Mexico

12. MAIDEN NAME OF MOTHER Salazar

13. BIRTHPLACE OF MOTHER Altar District (city or town)

(State or country) Sonora, Mexico

14. Informant Alberto Sanora

(Address)

15. Filed May 19, 1930 John S Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF ~~BIRTH~~ Death May 19 1930

Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1930 to May 19, 1930

that I last saw her alive on May 19, 1930

and that death occurred, on the date stated above, at 4:15 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 2 yrs (?) mos. ___ ds.

CONTRIBUTORY (Secondary) Hemorrhage from Bowel

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

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & findings

(Signed) J. L. Spikes, M. D.

19 (Address) Ajo Arizona

* 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 Ajo Ariz

DATE OF BURIAL May 19 1930

20. UNDERTAKER H T Lyons

ADDRESS Ajo 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.