

1294

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.

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

1. PLACE OF DEATH Navajo County Navajo State Arizona State File No. 291  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Local Registrar's No. 1  
 City Winslow No. 210 E 4th St (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. FULL NAME Beatrice Trujillo Garcia  
 (a) Residence, No. 210 E 4th St (Usual place of abode) St., \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred 8 yrs. - mos. - ds. (If non-resident, give city or town and State) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of Gabriel Garcia (or) WIFE of \_\_\_\_\_

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

7. AGE Years 83 Months ✓ Days - IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) San Marcial (State or country) N.M.

10. NAME OF FATHER Nosifor Trujillo

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. Informant Nosifor Garcia (Address) \_\_\_\_\_

15. Filed 1-2-1952 Eva E. Baglee Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 1 1952  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931 to Dec 26, 1931, that I last saw her alive on Dec 26, 1931, and that death occurred, on the date stated above, at 4:30 p.m. The CAUSE OF DEATH\* was as follows:  
Apoplexy  
Second attack of 2A  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) High blood pressure  
 (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? none  
 (Signed) J. W. Baglee \_\_\_\_\_, M. D.  
1-1-1952 (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 Winslow Ariz. DATE OF BURIAL Jan 3, 1952  
 ADDRESS Winslow Mortuary Winslow

20. UNDERTAKER \_\_\_\_\_