2549

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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 15

Registered No. 5

1. PLACE OF DEATH
County Cochise State Arizona
Township ..... or Village Benson or
City Benson No. ..... St. ..... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emeteria Wo
(a) Residence: No. Benson, Arizona St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) March 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sonora, Mexico

FATHER

13. NAME Pedro Moreno
14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Soloded A. Costa
16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT M. S. Cohen
(Address) Tucson, Arizona

18. BURIAL, CREMATION, OR REMOVAL
Place Benson, Arizona Date 4--7--, 19 32

19. UNDERTAKER Parker-Grimshaw Und. Co.
(Address) Tucson, Arizona.

20. Filed April 7, 1932 Richard E. Yellott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932 to April 6, 1932
I last saw her alive on April 6, 1932; death is said to have occurred on the date stated above, at 5:30 am

The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Pneumonia Lobar	Mch 26/32

Other **contributory causes** of importance:

Meningitis	April 2/32

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? None ~~Nature of injury~~, 19....
Where did injury occur? .....
(Specify city or town, county and State)
Specify whether injury occurred in **industry, in home**, or in **public place**. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....
(Signed) M. O. Cohen, M. D.
(Address) Tucson, Arizona.