

MARGIN RESERVED FOR BINDING
 N. B.—WRITE INLY, 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	
1. PLACE OF DEATH				County <u>Pima</u> State <u>Arizona</u>		State File No. <u>284 V</u>	
Township _____ or Village _____				City <u>Tucson</u> No. _____ St. _____ Ward _____		Registered No. _____	
Length of residence in city or town where death occurred <u>30</u> yrs. <input checked="" type="checkbox"/> mos. <input type="checkbox"/> da. How long in U. S. if of foreign birth? <u>50</u> yrs. <input checked="" type="checkbox"/> mos. <input type="checkbox"/> da.							
2. FULL NAME <u>Barbara de Valenzuela</u>				(a) Residence: No. <u>725 N. 11th Ave</u> St. _____ Ward _____		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>May 5, 1932</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Abraham Valenzuela</u> (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>April 18</u> , 19 <u>32</u> to <u>May 5</u> , 19 <u>32</u>			
6. DATE OF BIRTH (month, day, and year) <u>unknown</u>				I last saw her alive on <u>May 4</u> , 19 <u>32</u> death is said to have occurred on the date stated above, at <u>12:30 a.</u> m.			
7. AGE Years <u>64</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.				The principal cause of death and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>				<u>Ch. Myocarditis</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				Other contributory causes of importance: <u>930</u>			
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) <u>Mexico</u>				Name of operation _____ Date of _____			
13. NAME <u>unknown</u> <u>Brigada</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>nd</u>			
14. BIRTHPLACE (city or town) (State or country) _____				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>32</u>			
15. MAIDEN NAME _____				Where did injury occur? _____ (Specify city or town, county and State)			
16. BIRTHPLACE (city or town) (State or country) _____				Specify whether injury occurred in industry, in home, or in public place.			
17. INFORMANT <u>Henry G. Valenzuela</u> (Address) <u>San Jacinto St. Tucson</u>				Manner of injury _____			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Hope</u> Date <u>May 6, 1932</u>				Nature of injury _____			
19. UNDERTAKER <u>Reilly Undertaking Co.</u> (Address) _____				24. Was disease or injury in any way related to occupation of deceased? <u>nd</u>			
20. Filed <u>May 9, 1932</u> <u>Leona St. Howard M.</u> Registrar				If so, specify _____ (Signed) <u>H. P. Pearson</u> , M. D. (Address) <u>Tucson Ariz.</u>			