

1004

*C. Gunter*

MARGIN RESERVED FOR BINDING  
N. B.—WRITE IN FAIRLY, 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 Gila State Arizona Registered No. 50  
 Township Globe City Globe (If death occurred in a hospital or institution, give its NAME instead of street and number) Gila General Hospital  
 Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.

2. FULL NAME Amada Arroyada Vellegas  
 (a) Residence: No.        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 year) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>July 27, 1932</u>	19 <u>32</u>
6. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Jose Vellegas</u>				22. I HEREBY CERTIFY, that I attended deceased from <u>July 19, 1932</u> to <u>July 27, 1932</u> I last saw her alive on <u>July 27, 1932</u> death is said to have occurred on the date stated above, at <u>9: A. M.</u>	
7. DATE OF BIRTH (month, day, and year) <u>Unknown</u>				The principal cause of death and related causes of importance were as follows: <u>Appendiceal abscess</u> <u>Synergia - Pulmonary abscess</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>				Other contributory causes of importance: <u>Abortion</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				Name of operation <u>abscess drainage</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)				What test confirmed diagnosis? <u>      </u> Was there an autopsy? <u>no</u>	
11. Total time (years) spent in this occupation <u>      </u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>      </u> Date of injury <u>      </u> , 19 <u>      </u>	
12. BIRTHPLACE (city or town) (state or country) <u>Mexico</u>				Where did injury occur? <u>      </u> (Specify city or town, county and State)	
13. NAME <u>Sesario Ararado</u>				Specify whether injury occurred in industry, in home, or in public place.	
14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				Manner of injury <u>      </u>	
15. MAIDEN NAME <u>Trinidad Bidales</u>				Nature of injury <u>      </u>	
16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
17. INFORMANT <u>Alida Arroyada sister</u> (Address) <u>And Creek siding Globe</u>				If so, specify <u>      </u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe Cemetery</u> Date <u>7/29/32</u> , 19 <u>32</u>				Signed <u>C. Gunter</u> , M. D. (Address) <u>      </u>	
19. UNDERTAKER <u>      </u> (Address) <u>      </u>				Registrar <u>      </u> (Address) <u>      </u>	
20. Filed <u>8/5</u> , 19 <u>32</u>					