2325

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Maricopa State Arizona State File No. 167
Township ..... or Village Wickenburg Registered No. 20
City ..... No. at home Mixtown or
(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 ..... yrs. 3 mos. 20 ds. How long in U. S. if of foreign birth? X yrs. ..... mos. ..... ds.

2. FULL NAME Marcelina Inenone *
(a) Residence: No. Wickenburg St., ... Ward. X
(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) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X
6. DATE OF BIRTH (month, day, and year)
7. AGE Years | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (city or town) (state or country) Phoenix Arizona

FATHER
13. NAME Fred Inenones
14. BIRTHPLACE (city or town) (State or country) Chihuahua Mex

MOTHER
15. MAIDEN NAME Marcelina Grihalva
16. BIRTHPLACE (city or town) (State or country) Octave Arizona

17. INFORMANT (Address) Anita Inenone * Wickenburg

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Wickenburg Date 10/27, 1932

19. UNDERTAKER (Address) Neighbors Wickenburg

20. Filed 11/1, 1932 J. A. Copeland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1932 to 10/26, 1932
I last saw her alive on 10/26, 1932, death is said to have occurred on the date stated above, at 4 P m.

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

Weakly Twin-Born of 9-15-Parents

Date of Onset

Other contributory causes of importance:

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Name of operation none Date of X
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury X, 19..
Where did injury occur? X
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify X
(Signed) J. A. Copeland, M. D.
(Address) Wickenburg