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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County maricopa State ARIZONA State File No. 1562
 Township _____ or Village _____ Registered No. 1562
 City Phoenix No. 205 W. Apache 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 23 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Enriqueta De La Lama How long in State when death occurred 4 yrs. _____ mos. 26 ds.
 (a) Residence: No. 205 W. Apache St., _____ Ward, _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexico</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>Dec 26, 1933</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>March 12th, 1921, to Dec 25th, 1933</u> I last saw him <u>in</u> alive on <u>Dec 25th, 1933</u> ; death is said to have occurred on the date stated above, at <u>6 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Brain congestion, non traumatic</u>
5a. If married, widowed, or divorced HUSBAND of <u>Pedro La Lama</u> (or) WIFE of _____			6. DATE OF BIRTH (month, day, and year) <u>July 4, 1889</u>	Date of Onset <u>March 12/21</u>	
7. AGE Years <u>44</u> Months <u>5</u> Days <u>26</u>		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		Other contributory causes of importance: <u>Hemiplegia cortical (motoralegia form). Prostration</u>	
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)		Name of operation _____ Date of _____	
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (state or country) <u>Tucson, Arizona</u>		What test confirmed diagnosis? <u>exam</u> Was there an autopsy? _____	
13. NAME <u>Alexander Mc Kay</u>		14. BIRTHPLACE (city or town) (State or country) <u>Scotland</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
15. MAIDEN NAME <u>Rosalia Encinas</u>		16. BIRTHPLACE (city or town) (State or country) <u>Sonora, Mexico</u>		Where did injury occur? _____ (Specify city or town, county and State)	
17. INFORMANT <u>Pedro La Lama</u> (Address) <u>205 W. Apache</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Francis</u> Date <u>12/28, 1933</u>		Specify whether injury occurred in industry, in home, or in public place.	
19. UNDERTAKER <u>MORTENSEN MORTUARY</u> (Address) <u>1023 S. Washington</u>		20. Filed <u>12-30, 1933</u> <u>Oldham</u> Registrar		Manner of injury _____ Nature of injury _____	
				24. Was disease or injury in any way related to occupation of deceased? _____	
				If so, specify _____ (Signed) <u>P. H. H. H.</u> M. D. (Address) <u>16 N. 1st St.</u>	

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information