

1605

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 Gila State ARIZONA State File No. 75
 Township _____ or Village _____ Registered No. 20
 City Miami 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Angelina Mendosa How long in State when death occurred 1070 yrs. _____ mos. _____ ds.
 (a) Residence: No. 13320 Goomis St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Dec. 12, '33

7. AGE Years _____ Months 4 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Miami (state or country) Ariz.

13. NAME Jesus Mendosa

14. BIRTHPLACE (city or town) Mexico (State or country) _____

15. MAIDEN NAME Gloria Loyo

16. BIRTHPLACE (city or town) Metcalf (State or country) Ariz.

17. INFORMANT Jesus Mendosa (Address) Miami, Arizona

18. BURIAL, CREMATION OR REMOVAL
 Place Pinal Cemetery Date Mar. 16, 1934

19. UNDERTAKER Wiles Mortuary (Address) Miami, Arizona

20. Filed Apr. 6, 1934 C. M. Cron Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 15, 1934

I HEREBY CERTIFY That I attended deceased from Feb 12, 1934 to Feb 15, 1934
 I last saw h. a alive on Feb 15, 1934 death is said to have occurred on the date stated above, at 49 m.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of Onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date 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. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ M. D.
 (Address) Miami, Ariz.