

1609

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County: Gila State: Arizona
District or Township: Hayden or Village:
City: Hayden No. 23
2. FULL NAME: Marciana Rio
(a) Residence, No. (Usual place of abode) St. Ward.
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR or RACE: Mex
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Widowed
6. DATE OF BIRTH: Unknown
7. AGE: 48
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: Housewife
9. BIRTHPLACE (city or town, State or country): Guaymas, Mexico
10. NAME OF FATHER: Bonifacio Ramirez
11. BIRTHPLACE OF FATHER: Guaymas, Mexico
12. MAIDEN NAME OF MOTHER: Maria (?)
13. BIRTHPLACE OF MOTHER: Guaymas, Mexico

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: Mar 16 1934
17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Mar 16 1934 that I last saw her alive on Mar 15 1934 and that death occurred, on the date stated above, at 10:30 A.M. The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
18. Where was disease contracted if not at place of death?
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Minkelman, Ariz
20. UNDERTAKER: P. L. Hutton

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. See instructions on back of certificate.

14. Informant: Marciana Rio (Address) Hayden, Ariz
15. Filed: Mar 16 1934 5737 Noel Registrar.
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Minkelman, Ariz
20. UNDERTAKER: P. L. Hutton
DATE OF BURIAL: Mar 17 1934
ADDRESS: Minkelman, Ariz