

2140

Dr. Holt

MARGIN RESERVED FOR BINDING

N. B.—WRITE PAINLY, 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. 43
 Township _____ or Village _____ Registered No. 43
 City Globe No. 168 Martin Hill Canyon St. _____ Ward _____
 Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 28 yrs. _____ mos. _____ ds.
 2. FULL NAME Maria Rodriguez How long in State when death occurred 34 mos. _____ ds.
 (a) Residence: No. 168 Martin Hill Canyon St. _____ Ward _____ (If non-resident 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) Married

5a. If married, widowed, or divorced
 HUSBAND of Husband-Santiago Rodriguez
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 8-22-1892
 7. AGE Years 42 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (city or town) (state or country) Mexico

MOTHER FATHER
 13. NAME Benedito Rojo
 14. BIRTHPLACE (city or town) (State or country) Mexico
 15. MAIDEN NAME Antonia Arrolls
 16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Santiago Rodriguez
 (Address) Globe, Arizona
 18. BURIAL, CREMATION, OR REMOVAL Burial
 Place Globe, Cemetery Date 4/17/34
 19. UNDERTAKER Fred H. Jones
 (Address) Globe, Arizona
 20. Filed April 19, 1934 Wm. B. Lutz Registrar

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (month, day, and year) April 15, 1934
 22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to April 15, 1934
 I last saw him alive on April 15, 1934 death is said to have occurred on the date stated above, at 7:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Diphtheria Date of Onset 1934
Cerebral pneumonia
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Sputum Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) M. A. Holt M. D.
 (Address) _____