

Dr. Guenter

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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.

1. PLACE OF DEATH
 County Gila State Arizona
 Township _____ or Village _____
 City Globe No. Gila General Hospital 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. 3 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Eduvijas Corta How long in state when death occurred? 15 yrs. 11 mos. 25 ds.
 (a) Residence: No. Porto Rico Hill St. _____ Ward. Miami, Arizona
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>June 10, 1934</u>	I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____ I last saw her alive on <u>June 10, 34</u> ; death is said to have occurred on the date stated above, at <u>4 a.</u> m. The principal cause of death and related causes of importance were as follows: <u>Eclampsia following childbirth</u> Other contributory causes of importance: <u>Childbirth</u> Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>June 15, 1918</u>	7. AGE Years <u>15</u> Months <u>11</u> Days <u>25</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Girl</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) _____		11. Total time (years) spent in this occupation _____		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 _____	
12. BIRTHPLACE (city or town) <u>Ray</u> (state or country) <u>Arizona</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
13. NAME <u>Nolberto Corta</u>		14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		If so, specify _____ (Signed) _____, M. D. (Address) _____	
15. MAIDEN NAME <u>Francisca Diaz</u>		16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		20. <u>Guenter</u> Registrar	
17. INFORMANT <u>Mother</u> (Address) <u>Miami, Arizona</u>				18. BURIAL, CREMATION, OR REMOVAL Place <u>Pinal Cemetery</u> Date <u>June 11, 34</u>	
19. UNDERTAKER <u>Miles Mortuary</u> (Address) <u>Miami, Arizona</u>				20. <u>Guenter</u> Registrar	