

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE MAINLY, 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  
 State File No. 143  
 Registered No. 74

1. PLACE OF DEATH  
 County Maricopa State Arizona  
 Township Sibert or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_  
 (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 1 yrs. 2 mos. 21 da. How long in U. S. if of foreign birth \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 2. FULL NAME Beatrice Aldecova How long in state where death occurred 1 yrs. 2 mos. 21 da.  
 (a) Residence: No. Diamond's ranch St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident 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) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Mar 24 33

7. AGE Years 1 Months 2 Days 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) (state or country) Sibert, Ariz.

13. NAME Ubaldo Aldecova

14. BIRTHPLACE (city or town) (State or country) Sonora, Mexico

15. MAIDEN NAME Roseada Frujillo

16. BIRTHPLACE (city or town) (State or country) Sonora, Mexico

17. INFORMANT Ubaldo Aldecova (Address) Sibert, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Ariz. Date 6-16-34

19. UNDERTAKER None (Address) \_\_\_\_\_

20. Filed June 16, 1934 Ch. D. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15<sup>th</sup> 1934

I HEREBY CERTIFY, That I attended deceased from June 12<sup>th</sup> 1934 to June 15<sup>th</sup> 1934

I last saw her alive on June 14<sup>th</sup> 1934; death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:  
Nephritis

Other contributory causes of importance:  
Gastroenteritis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) L. C. ... M. D.  
 (Address) Mesa, Ariz.