

1691

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**

State File No. 2556 Registered No. 1136

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township Phoenix or Village St. Joseph's Hospital City Phoenix No. 39 Ward 3
(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 15 yrs. 3 mos. 3 ds. How long in U. S. if of foreign birth 39 yrs. 3 mos. 3 ds.
 2. FULL NAME Carlota de Espinoza How long in State when death occurred 30 yrs. 3 mos. 3 ds.
 (a) Residence: No. Wickenburg, Arizona St. _____ Ward. _____
(Usual place of abode) (If non-resident, 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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Sept 30 1934</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Ramundo Espinoza</u> (or) WIFE of _____				22. <u>9-26</u> , 19 <u>34</u> , to <u>9-30</u> , 19 <u>34</u> I HEREBY CERTIFY, That I attended deceased from _____ I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>9 p.</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>Not known</u>				The principal cause of death and related causes of importance were as follows: <u>Cholera</u> Date of Onset _____ <u>the kidneys</u> _____	
7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Other contributory causes of importance: _____	
Years <u>30</u>	Months _____	Days _____	At home		
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) <u>Wickenburg, Arizona</u> (state or country)					
13. NAME <u>Ignacio Garcia</u>					
14. BIRTHPLACE (city or town) <u>Edenburg, Arizona</u> (State or country)					
15. MAIDEN NAME <u>Manuela Castro</u>					
16. BIRTHPLACE (city or town) <u>Vulture, Arizona</u> (State or country)					
17. INFORMANT <u>Ignacio Garcia</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wickenburg, Ariz</u> Date <u>Oct. 1 1934</u>					
19. UNDERTAKER <u>MORTENSEN MORTUARY</u> (Address) <u>10 22 E. Washington</u>					
20. Filed <u>10-27</u> , 19 <u>34</u> Registrar <u>Geo. Henry</u> (Address) _____					
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? <u>no</u> If so, specify _____ M. D. (Signed) <u>[Signature]</u> (Address) <u>[Address]</u>					