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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** *Dr. Brayton*
BUREAU OF VITAL STATISTICS STATE FILE NO. 100

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 1
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Miami NO. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE
IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Oralia Pena HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 1217 Live oak St. ST. _____ WARD _____ 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>Baby</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 11, 1935</u>	I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 10</u> , 19 <u>35</u> , TO <u>Jan 11</u> , 19 <u>35</u> . I LAST SAW <u>her</u> ALIVE ON <u>Jan 11</u> , 19 <u>35</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10, 1935</u>	22. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Immaturity</u>	
7. AGE		YEARS	MONTHS	DAYS	DATE OF ONSET
				<u>1</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		<u>Baby</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			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		<u>Miami Arizona</u>			
MOTHER FATHER	13. NAME		<u>Eligio Pena</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		<u>Mexico</u>		
	15. MAIDEN NAME		<u>Angelina Madrid</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		<u>Mexico</u>		
17. INFORMANT (ADDRESS)		<u>Eligio Pena Miami, Arizona</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE		<u>Final Cemetery</u> DATE <u>Jan 11, 1935</u>			
19. EMBALMER FUNERAL DIRECTOR	LICENSE NO.	<u>209-5A</u>			
	SIGNATURE	<u>Dalton H. Cole</u>			
ADDRESS		<u>Miles Mortuary Miami, Ariz.</u>			
20. FILED		<u>Feb 6, 1935</u> <u>C. M. Cron</u> REGISTRAR			
		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 _____			
		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY (SIGNED) <u>Dr. Brayton</u> M. D. (ADDRESS) <u>Miami</u>			