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Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. _____ REGISTERED NO. 30

1. PLACE OF DEATH Mila COUNTY _____ STATE ARIZONA OR _____

TOWNSHIP Miami NO. 364 OR VILLAGED _____ ST. _____ WARD _____

CITY _____ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, STREET AND NUMBER) _____

LENGTH OF RESIDENCE _____ YRS. _____ MOS. _____ DS. HOW LONG IN _____ YRS. _____ MOS. _____ DS. OF FOREIGN BIRTH _____

2. FULL NAME Luciana Remas HOW LONG IN STATE WHEN DEATH OCCURRED 20 YRS. _____ MOS. _____ DS. _____

(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) _____

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widowed

21. DATE OF DEATH (MONTH, DAY, YEAR) June 3, 1935 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____

22. LAST SAW HER ALIVE ON _____ DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pneumonia Lobar DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

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) San Antonio, Texas

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown

17. INFORMANT (ADDRESS) Matilde Chavez

18. BURIAL, CREMATION, OR REMOVAL PLACE Superior, Ariz DATE 6/7, 1935

19. EMBALMER LICENSE NO. 78-B SIGNATURE Albert Buyant

FUNERAL DIRECTOR # 14-A SIGNATURE Albert Buyant

ADDRESS Superior, Ariz

20. FILED June 7, 1935 REGISTRAR C. M. Cron

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? _____

IF SO, SPECIFY _____

(SIGNED) Albert Buyant (ADDRESS) Superior, Ariz

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE EXACTLY.