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MARGIN RESERVED FOR BINDING  
Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION 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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 94  
REGISTERED NO. 58

1. PLACE OF DEATH  
COUNTY Graham STATE ARIZONA  
TOWNSHIP \_\_\_\_\_ OR VILLAGE Sausalay WARD \_\_\_\_\_

2. FULL NAME Marian & Bernice Sausalay ST. \_\_\_\_\_  
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 3 YRS. 0 MOS. 0 DS. 0 WARD \_\_\_\_\_  
HOW LONG IN STATE WHEN DEATH OCCURRED 47 YRS. 0 MOS. 0 DS. WARD \_\_\_\_\_

(A) RESIDENCE: NO. \_\_\_\_\_ ST. \_\_\_\_\_  
(USUAL PLACE OF ABODE)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Manuel Sausalay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-5-1868

7. AGE YEARS 67 MONTHS 4 DAYS 4 IF LESS THAN 1 DAY, HRS. OR MIN.

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) Chualar Arizona

13. NAME Jesús B. Sausalay

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) 1129 W. 1st St. Sausalay, Ariz.

18. BURIAL, CREMATION OR REMOVAL PLACE Sausalay DATE 6/10 1938

19. EMBALMER (LICENSE NO.) SIGNATURE \_\_\_\_\_  
FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED July 9, 1938 REGISTRAR J. H. Shattler

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-10-1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 6/10 ~~6/10~~ 6/10/38 TO 6/10/38, 1938  
I LAST SAW HER ~~ON~~ ON 6/10/38, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4 2 M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: 1129 W. 1st St.

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: aged

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS: Blind 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 \_\_\_\_\_  
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 (ADDRESS) J. H. Shattler acting H.O. Sausalay, Ariz. M. D.

10M-11-22-34-REP-GAZ PRINTERY FORM 5

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION