734

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.

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Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 141

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

COUNTY Maricopa STATE ARIZONA REGISTERED NO. 692

TOWNSHIP OR VILLAGE OR

CITY Phoenix NO. St. Joseph's Hospital ST. 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 57 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 65 YRS. MOS. DS.

HOW LONG IN STATE WHEN DEATH OCCURRED? 65 YRS. MOS. DS.

2. FULL NAME Rosenda G. Linsey

(A) RESIDENCE: NO. Tollison, Ariz. ST. WARD. (NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Mexican

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Linsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1858

7. AGE 76 YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. 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) (STATE OR COUNTY) Mexico

FATHER

13. NAME Antonio Gonzales

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

MOTHER

15. MAIDEN NAME Deloris Hernandez

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

17. INFORMANT (ADDRESS) Mrs. J. C. Balsz Tollison

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Cemetery DATE June 7, 1935

19. EMBALMER { LICENSE NO. 26 SIGNATURE J. T. Whitney

FUNERAL DIRECTOR J. T. Whitney

ADDRESS Phoenix, Arizona

20. FILED 6/14, 1935 O. W. Thorney, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 23, 1935, TO June 5, 1935

I LAST SAW her ALIVE ON , 19 ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7 - A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Coronary Thrombosis	Jan 35

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Hypertension Heart Disease	[illegible]
Chronic Nephritis	Known

NAME OF OPERATION DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMOCIDE? 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) [illegible]

(ADDRESS) Phoenix Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3