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MARGIN RESERVED FOR BINDING
N. B.—WRITE FAIRLY, 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.

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

STANDARD CERTIFICATE OF DEATH State File No. 76

1. PLACE OF DEATH State ARIZONA Registered No. 6
 County Yuma or Village _____
 Township _____ St. _____ Ward _____
 City Hayden (If death occurred in a hospital or institution, give NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in State (if of foreign birth?) _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Carmen Rios How long in State when death occurred? 19 yrs. _____ mos. _____ ds.
 (a) Residence: No. _____ St. _____ Ward _____ (If non-resident give city or town and State)
 (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 (or) WIFE José Maria Rios

6. DATE OF BIRTH (month, day, and year) 1889

7. AGE Years 46 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. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year) Aug 1935 Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (state or country) Was born Mex

MOTHER

13. NAME Bernardo Rios

14. BIRTHPLACE (city or town) (State or country) Was born Mex

15. MAIDEN NAME Mariana Miranda

16. BIRTHPLACE (city or town) (State or country) Was born Mex

17. INFORMANT José Maria Rios

18. BURIAL, CREMATION, OR REMOVAL Place Nikelebury Date Aug 4 1935

19. UNDERTAKER (Address) J. H. Johnson

20. Filed Aug 5 1935 W. D. Nash Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2 1935

22. I HEREBY CERTIFY, that I was deceased from _____ 1935

I last saw him _____ alive on _____ 1935; death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows: Myocarditis

Date of Onset Just 1905

Other contributory causes of importance: _____

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: Yes Date of injury _____ 1935

Was it suicide, or homicide? _____

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 _____

(Signature) Charles H. Smith M. D.

(Address) Hayden Ariz.