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Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STATE FILE NO. \_\_\_\_\_ REGISTERED NO. 1168

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 COUNTY Maricopa STATE ARIZONA OR VILLAGE \_\_\_\_\_ OR  
 TOWNSHIP \_\_\_\_\_ NO. 1421 E. Madison ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 CITY Phoenix  
 (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 Gloria Cortez HOW LONG IN STATE WHEN DEATH OCCURRED \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. \_\_\_\_\_ (USUAL PLACE OF ABODE) \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS  
 3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1934  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS OR \_\_\_\_\_ MIN 8  
 OCCUPATION  
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Child  
 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) Phoenix, Ariz  
 FATHER  
 13. NAME Lyle Cortez  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Calif.  
 MOTHER  
 15. MAIDEN NAME Josephine Scott  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Phoenix, Ariz  
 17. INFORMANT Lyle Cortez (ADDRESS) Madison St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Francis Cemetery 10/9/35  
 19. EMBALMER { LICENSE NO. none SIGNATURE \_\_\_\_\_ FUNERAL DIRECTOR CRIMSHAW-ACTON CO ADDRESS \_\_\_\_\_  
 20. FILED Oct 19, 1935 Oprie J. Caborn REGISTRAR

MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1935  
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Investigation, 19\_\_\_\_  
 I LAST SAW HIM ALIVE ON \_\_\_\_\_, 19\_\_\_\_; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:35 P M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pneumonia Broncho DATE OF ONSET 1 wk  
 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: 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 None (SIGNED) Norman A. ... M. D. (ADDRESS) Phoenix, Ariz

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.