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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

Dr. K. Brown
STATE FILE NO. 110
REGISTERED NO. 8

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Pila STATE ARIZONA
TOWNSHIP Miami OR VILLAGE _____
CITY Miami Miami-Inspiration Hospital ST. _____ OR WARD _____
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) YRS. 4 MOS. _____ DS. _____ HOW LONG IN U. S. OF FOREIGN BIRTH YRS. _____ MOS. _____ DS. _____
2. FULL NAME Francisca Artez HOW LONG IN STATE WHEN DEATH OCCURRED? 3 YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 1011 Sullivan St. ST. _____ WARD _____ (IF NON-RESIDENT OF 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 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1920

7. AGE YEARS 15 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN. _____

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

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) Tyrone New Mexico

MOTHER FATHER

13. NAME Martin Artez

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

15. MAIDEN NAME Maria Lopez

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

17. INFORMANT Maria Artez (ADDRESS) Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE Feb. 1, 1936

19. EMBALMER LICENSE NO. 209-A SIGNATURE Dalton J. Cole
FUNERAL DIRECTOR SIGNATURE Miles Mortuary
ADDRESS Miami, Arizona

20. FILED Feb. 3rd 1936 (C. M. O'Con) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 21, 1936 TO Jan 31, 1936
I LAST SAW HER ALIVE ON Jan 21, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:45 P. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Pelvic abscess and Peritonitis (Left Salpingitis), Staphylococcus infection or Colon Bacilli later) DATE OF ONSET Jan 19, 1936

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Broncho pneumonia

NAME OF OPERATION none DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? none WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? no 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 none
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY buried in bron (SIGNED) Dr. K. Brown M. D. (ADDRESS) Miami Arizona

10M-10-6-34-REP-GAZ PRINTERY- FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION