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STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

State File No.

1. PLACE OF DEATH

County Cochise State Arizona Local Registrar's No.

District or Township Benson or Village or

City Benson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Mary Anduaga

(a) Residence, No. Pantano St., Ward

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurreed yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	Mexican	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 16, 1935

7. AGE Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
1	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None Child

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Pantano (State or country) Arizona

PARENTS

10. NAME OF FATHER Ignacio Anduaga

11. BIRTHPLACE OF FATHER Alamos (city or town) (State or country) Mexico

12. MAIDEN NAME OF MOTHER Regina Luca

13. BIRTHPLACE OF MOTHER Hermosillo (city or town) (State or country) Mexico

14. Informant Ignacio Anduaga (Address) Pantano

15. Filed 5/27, 1936 L W Moffitt Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 25 1936 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to May 25, 1936 that I last saw her alive on May 25, 1936 and that death occurred, on the date stated above, at 10 15 P m. The CAUSE OF DEATH* was as follows:

I do not know Stricken with sudden high fever and convulsions

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J N Morrison, M. D.

May 26 1936 (Address) Benson

(*) State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
20. UNDERTAKER	ADDRESS

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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. See instructions on back of certificate.