

4207

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS STATE FILE NO. 28

1. PLACE OF DEATH
COUNTY Cochise STATE ARIZONA REGISTERED NO. 119
TOWNSHIP Pirtleville OR VILLAGE
CITY Pirtleville NO. 34- Grace Ave. Pirtleville 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 16 YRS. 4 MOS. DS. HOW LONG IN U.S. IF FOREIGN BIRTH 16 YRS. 4 MOS. DS.
2. FULL NAME Carlos Quijada HOW LONG IN STATE WHEN DEATH OCCURRED 16 YRS. 4 MOS. DS.
(A) RESIDENCE: NO. 34 Grace Ave. Pirtleville WARD _____ OF NON-RESIDENT GIVE CITY OR TOWN AND STATE _____

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margarita Gonzales
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
8. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 76
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Retired
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____
11. 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) Cumcas Senora Mexico
13. NAME Lazara Quijado
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico
15. MAIDEN NAME Carmen Valencuela
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico
17. INFORMANT Francisca Shackelford (ADDRESS) 34 Grace Ave Pirtleville
18. BURIAL, CREMATION, OR REMOVAL PLACE Pirtleville DATE 6-15-36 19.
19. EMBALMER { LICENSE NO. 1907 SIGNATURE Howard E. Ames FUNERAL DIRECTOR Porter & Ames ADDRESS Douglas Arizona
20. FILED June 13 36 Quadrant REGISTRAR (ADDRESS) 524-10th St. Douglas, Ariz

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13-36 19
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 2-15-36 IN _____ TO 2-15-36 19
I LAST SAW HIM ALIVE ON 2-15-36 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5 P.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET
Cerebral hemorrhage 2-15-36
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
(over)
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 _____ (SIGNATURE) _____ M. D. (ADDRESS) _____

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.