

4804

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

STATE FILE NO. **609**

1. PLACE OF DEATH
COUNTY Yuma STATE ARIZONA REGISTERED NO. 13
TOWNSHIP Gadsden OR VILLAGE _____
CITY _____ NO. _____ STREET AND NUMBER _____ 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 2 YRS. 5 MOS. 5 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Catalina Villaneda HOW LONG IN CITY WHERE DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 20th Ave bet. G and H ST. WARD Gadsden Arizona
(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) <u>Feb. 30, 1936</u>		
7. AGE	YEARS	MONTHS
		DAYS
	<u>2</u>	<u>5</u>
		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	
	<u>child</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
	<u>Gadsden, Arizona</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		
<u>Gadsden, Arizona</u>		
FATHER	13. NAME <u>Jesus Villaneda</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>	
	15. MAIDEN NAME <u>Barbara Bannelos</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>	
	17. INFORMANT (ADDRESS) <u>Jesus Villaneda Somerton, Arizona</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Yuma Cemetery</u> DATE <u>6/6/36</u> 19 <u>36</u>	
19. EMBALMER (ADDRESS)	LICENSE NO. <u>19A</u>	SIGNATURE <u>[Signature]</u>
FUNERAL DIRECTOR (ADDRESS)	20. FILED <u>June 30, 1936</u> <u>[Signature]</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____ TO _____
May 31, 1936 TO May 31, 1936
I LAST SAW Her ALIVE ON May 31, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE AT 10:30 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Congenital Weakness = 2nd. twin

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 _____
WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY _____
(SIGNED) Harry A. Reese M. D.
(ADDRESS) Yuma, Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION