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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

STATE FILE NO. **64**

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 56  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Miami NO. \_\_\_\_\_ 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 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Eliodora Reyes HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 1007 Alderman ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 4, 1936</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>7-4-36</u> , 19 <u>36</u> , TO <u>2-4-36</u> , 19 <u>36</u> I LAST SAW HIM ALIVE ON <u>7-4-36</u> , 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:30 P.M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3, 1936</u>			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Congenital Heart</u>		
7. AGE YEARS MONTHS DAYS <u>1</u> IF LESS THAN 1 DAY, HRS. OR MIN.			DATE OF ONSET _____		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			NAME OF OPERATION _____ DATE OF _____		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)			WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____		
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 <u>36</u> WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
12. BIRTHPLACE (CITY OR TOWN) <u>Miami</u> (STATE OR COUNTY) <u>Ariz</u>			MANNER OF INJURY _____		
13. NAME <u>Jesus Reyes</u>			NATURE OF INJURY _____		
14. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTY) _____			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____		
15. MAIDEN NAME <u>Josefa Vasquez</u>			IF SO, SPECIFY _____		
16. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTY) _____			(SIGNED) <u>A. C. Harnis</u> M. D. (ADDRESS) <u>Miami</u>		
17. INFORMANT <u>Jesus Reyes</u> (ADDRESS) <u>Miami</u>			20. FILED <u>July 7, 1936</u> REGISTRAR _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Penal Cemetery</u> DATE <u>July 5, 1936</u>			19. EMBALMER { LICENSE NO. <u>179-A</u> SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Ariz</u>		

100-1-2-36 FORM 3-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION