

2273

168 W. Broadway
STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4341
REGISTERED NO. 578

1. PLACE OF DEATH
 COUNTY Pima STATE ARIZONA
 TOWNSHIP _____ OR VILLAGE _____ OR
 CITY Tucson NO. St. Marys' Hospital 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 36 YRS. _____ MOS. _____ DS. HOW LONG IN _____ IF OF FOREIGN BIRTH? 36 YRS. _____ MOS. _____ DS.
 2. FULL NAME Rosario Maish HOW LONG IN STATE WHEN DEATH OCCURRED? 36 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 616 Anita St. ST. _____ WARD _____
(USUAL PLACE OF ABODE) (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Maish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
44

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

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) Alamo Sonora Mexico

13. NAME Antonio Valenzuela

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Son. Mexico

15. MAIDEN NAME Theresa Chavaria

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Sonora Mexico

17. INFORMANT (ADDRESS) Antonio Valenzuela son. 616 Anita St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Hope, Oen. DATE 7/30/36

19. EMBALMER { LICENSE NO. _____ SIGNATURE Alton K. White FUNERAL DIRECTOR Arizona Mortuary Inc. ADDRESS Tucson, Arizona.

20. FILED 7-30-36 1936 REGISTRAR _____ (ADDRESS) 168 W. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29/36, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 7/28/36, 1936, TO 7/29/36, 1936

I LAST SAW Her ALIVE ON 7/29/36, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10 A.M. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Ruptured Appendicitis and resultant Peritonitis DATE OF ONSET 7/20/36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION Laparotomy and Drainage DATE OF 7/28/36

WHAT TEST Blood analysis CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? no

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? no

IF SO, SPECIFY (SIGNED) A. B. Cronkover M. D. (ADDRESS) 168 W. Broadway

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.