

1605

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**

BUREAU OF VITAL STATISTICS STATE FILE NO. 72

1. PLACE OF DEATH
 COUNTY Pima STATE ARIZONA REGISTERED NO. 90
 TOWNSHIP Miami OR VILLAGE _____ OR _____
 CITY No. 803 Sullivan 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 2 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. OF FOREIGN BIRTH 14 YRS. 0 MOS. 0 DS.
 2. FULL NAME Refugio Rivas HOW LONG IN STATE WHEN DEATH OCCURRED 7 YRS. 0 MOS. 0 DS.
 (A) RESIDENCE: NO. 803 Sullivan 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>Mex.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 2, 1936</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov 30</u> , 19 <u>36</u> TO <u>Dec 2</u> , 19 <u>36</u> I LAST SAW <u>her</u> ALIVE ON <u>Dec 2 36</u> YEAR IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3 P.</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>52y</u> <u>Senile pneumonia</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 1851</u>	7. AGE YEARS MONTHS DAYS <u>85 4 28</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET <u>52y</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Diabetes</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		NAME OF OPERATION _____ DATE OF _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Zalatica Mexico</u>		13. NAME <u>Unknown</u>		WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>		15. MAIDEN NAME <u>Unknown</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE, ACCIDENT, SUICIDE, OR HOMICIDE?) DATE OF INJURY _____, 19____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>		17. INFORMANT (ADDRESS) <u>Francis Rodriguez 803 Sullivan Miami</u>		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
18. BURIAL PLACE <u>Cinal</u> DATE <u>Dec 4, 1936</u>		19. EMBALMER (ADDRESS) <u>Miles Montuany Miami Arizona</u>		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
20. FILED <u>Dec 5, 1936</u> <u>C. M. Cron</u> REGISTRAR		LICENSE NO. <u>27</u> SIGNATURE <u>[Signature]</u>		HANNER OF INJURY _____ NATURE OF INJURY _____	
		FUNERAL DIRECTOR (ADDRESS) <u>[Signature]</u>		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
		ADDRESS <u>[Signature]</u>		IF SO, SPECIFY (SIGNED) <u>[Signature]</u> M. D.	
				(ADDRESS) <u>[Signature]</u>	