

1639

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

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township Winkelman or Village
 City Winkelman No. _____ St. _____ Ward _____
 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 Rafaela Molina How long in State when death occurred? 36 yrs. _____ mos. _____ ds.
 (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wet 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
50 3

OCCUPATION

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.

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 country) San Antonio

MOTHER | FATHER

13. NAME Rafaela Jimenez

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rafaela Jimenez

16. BIRTHPLACE (city or town) (State or country) Old Mexico

17. INFORMANT Bartola J. Mars (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Winkelman Date 12-30-36

19. UNDERTAKER P. J. Hutton (Address) Winkelman

20. Filed Dec 29, 1936 P. J. Hutton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1936

HEREBY CERTIFY That I attended deceased from November 30, 1936 to Dec 28, 1936

I last saw her alive on Dec 28, 1936 death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Day of Onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Urines 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? No

If so, specify _____
 (Signed) Charles H. Hutton M. D.
 (Address) Winkelman