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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. **105**  
REGISTERED NO. **4**

1. PLACE OF DEATH  
 COUNTY Yuma STATE ARIZONA  
 TOWNSHIP Miami OR VILLAGE \_\_\_\_\_  
 CITY \_\_\_\_\_ OR \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_

2. FULL NAME Detronyla Montez Medina HOW LONG IN U. S. IF OF FOREIGN BIRTH 20 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 HOW LONG IN STATE WHEN DEATH OCCURRED 3 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. 64 Lower Canyon ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Faustina Medina</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-8-1888</u>			
7. AGE	YEARS <u>48</u>	MONTHS <u>3</u>	DAYS <u>5</u> IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	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. <u>Own Home</u>		
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) <u>Unknown Mexico</u>			
FATHER	13. NAME <u>Gonz Montez</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown Mexico</u>		
MOTHER	15. MAIDEN NAME <u>Lucrecia de la Cruz</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown Mexico</u>		
17. INFORMANT (ADDRESS) <u>Detronyla Medina</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>General</u> DATE <u>1-14-1937</u>			
19. EMBALMER (ADDRESS) <u>Melito Montez</u>		LICENSE NO. _____ SIGNATURE _____	
20. FILED <u>Jan 19-1937</u> <u>C. M. Brown</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 13 1937</u>	
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1-10-37</u> , 19 <u>37</u> , TO <u>1-12-37</u> , 19 <u>37</u> I LAST SAW HIM ALIVE ON <u>1-12-37</u> 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3:30 P.</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Advanced Pulmonary Tuberculosis</u> DATE OF ONSET <u>1934</u>	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Cardiac</u>	
NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>	
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? _____ IF SO, SPECIFY _____ (SIGNED) <u>J. E. Harrison</u> M. D. (ADDRESS) <u>Miami Ariz</u>	

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FORM 3-100% R.A.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION