1998

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 state-

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

504

State File No. 504

Registered No. 472

1. PLACE OF DEATH

County Pima

Township ..... State ARIZONA

City Tucson ..... or Village .....

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. St Mary's Hospital St. ..... or Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Angelita de Bejarano

(a) Residence: No. Marana Arizona St., ... Ward .....

(Usual place of abode) (If not resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): married

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

6. DATE OF BIRTH (month, day, and year) Dec. 27 1908

7. AGE: Years 28 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

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. housewife

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) Marshland Arizona

FATHER

13. NAME Ramon Sardina

14. BIRTHPLACE (city or town) (State or Country) Tubac Arizona

MOTHER

15. MAIDEN NAME Jesus Oblado

16. BIRTHPLACE (city or town) (State or Country) Tucson Arizona

17. INFORMANT Miguel Bejarano (Address) Marana Ariz

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Hope Date 4-30 1937

19. EMBALMER License No. .....

Signature .....

FUNERAL DIRECTOR Tucson Mortuary

Address 20 & D. Stone Ave

20. Filed 4/30 1937 L. H. Howard M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 30 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19 1937 to April 30 1937

I last saw her alive on April 29 1937; death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Puerperal Sepsis	4-19-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Herbert L. Secrest M. D.

(Address) 1238 Stone ave.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information