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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** State File No. **83**
 Township _____ or Village _____ Registered No. **6**
 City **Hayden** No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME, instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. **6** mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **Margarita Rodriguez** How long in State when death occurred? **1** yrs. **4** mos. _____ ds.
 (a) Residence: No. **11111111** St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE Mexican	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Single	21. DATE OF DEATH (month, day, and year) May 15 1937		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *			22. I HEREBY CERTIFY That I attended deceased from April 1 1937 to May 15 1937 I last saw her alive on May 15 1937 death is said to have occurred on the date stated above at 10:15 a.m. The principal cause of death and related causes of importance were as follows: Dysentery and enteritis		
6. DATE OF BIRTH (month, day, and year) Jan 30 1936			Date of Onset April 1 1937		
7. AGE Years 1 Months 3 Days 16 If LESS than 1 day, _____ hrs. or _____ min.			Other contributory causes of importance:		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			Name of operation _____ Date of _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			What test confirmed diagnosis? _____ Was there an autopsy? _____		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			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.		
12. BIRTHPLACE (city or town) Gilbert (state or country) Arizona			Manner of injury _____		
13. NAME Antonio Rodriguez			Nature of injury _____		
14. BIRTHPLACE (city or town) San Antonio (State or country) Chihuahua, Mex.			24. Was disease or injury in any way related to occupation of deceased? No		
15. MAIDEN NAME Virginia Vilducea			If so, specify: Cholera		
16. BIRTHPLACE (city or town) Tucson (State or country) Arizona			(Signed) Charles B. Hutchins M. D. (Address) Hayden		
17. INFORMANT Antonio Rodriguez (Address) Hayden, Arizona			20. Filed May 15 1937 W. J. D. Reed Registrar		
18. BURIAL, CREMATION, OR REMOVAL Place Winkelman, Ariz. Date 5-16-1937			20. Filed May 15 1937 W. J. D. Reed Registrar		
19. UNDERTAKER D. L. HUTTON (Address) Winkelman, Ariz.					

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information