2775

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. 20

ARIZONA

Registered No. 108

1. PLACE OF DEATH

County Cochise State

Township Douglas or Village

City Douglas No. County Hospital 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 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lola Brooks How long in State where death occurred? 35 yrs. mos. ds.

(a) Residence: No. County Hospital St., Ward

(Usual place of abode) (If non-resident give city or town and state)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Mexican

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

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

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

7. AGE Years 69 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. Retired

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 Felepe Mexico

FATHER

13. NAME Ballesteros

14. BIRTHPLACE (city or town) (State or Country) Mexico

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or Country) Mexico

17. INFORMANT (Address) Ross Brooks 333-6th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Arizona Date 6-5-37, 19

19. EMBALMER License No. 120-A Signature Howard E Ames

FUNERAL DIRECTOR Porter & Ames

Address Douglas Arizona

20. Filed June 5, 1937 Beatrice Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1934 to June 4th 1937

I last saw her alive on June 4th 1937; death is said to have occurred on the date stated above, at 2.05P.M.

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

	Date of Onset
Carcinoma of pancreas (inoperable)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) E. W. Adamson, M. D.

(Address) Douglas Ariz

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information