

2854

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

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 98

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 70
TOWNSHIP Miami OR VILLAGE _____
CITY Globe NO. Gila County Hospital ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 11 MOS. _____ DS. _____
HOW LONG IN U. S. IF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____

2. FULL NAME Irene Magdaleno
(A) RESIDENCE: NO. Miami Ariz. ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|---------------------------------|--|------|---|---|---------------|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Mex,</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>Single</u> | | | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>6/26/37</u> | 19 <u>37</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u> | | | | 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>6-20-1937</u> TO <u>6-26-1937</u> I LAST SAW HER ALIVE ON <u>6-24-1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10</u> A. M. | | DATE OF ONSET |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/22/37</u> | | | | | THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS THAN 1 DAY, HRS. OR MIN. | <u>Enterocolitis</u> | |
| 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Infant</u> | | | | | OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: | |
| 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 COUNTY) <u>Fillmore Calif.</u> | | | | | | |
| 13. NAME <u>Tiburcio Magdaleno</u> | | | | | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u> | | | | | | |
| 15. MAIDEN NAME <u>Margaret Rocha</u> | | | | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u> | | | | | | |
| 17. INFORMANT (ADDRESS) <u>Tiburcio Magdaleno Miami Ariz.</u> | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pinal Cem.</u> DATE <u>6/28/37</u> | | | | | | |
| 19. EMBALMER LICENSE NO. <u>200A</u> SIGNATURE <u>W. F. M. Sella</u> FUNERAL DIRECTOR <u>Miles Mortuary Globe Ariz.</u> ADDRESS _____ | | | | | | |
| 20. FILED <u>June 29, 1937</u> REGISTRAR <u>C. M. Cron</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>Leyrol M. Lopez</u> M. D. (ADDRESS) <u>Miami, Arizona</u> | |

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION