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Amber

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

1. PLACE OF DEATH STATE FILE NO. 67

COUNTY Gila STATE ARIZONA REGISTERED NO. 86

TOWNSHIP _____ OR VILLAGE _____

CITY Globe NO. Gila county Hospital ST. _____ OR _____ WARD _____

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 40 YRS. _____ MOS. _____ DS. HOW LONG IN STATE OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Lupe V. Olivas HOW LONG IN STATE WHEN DEATH OCCURRED? 47 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. Globe, Ariz. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ramon Olivas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-16-1890

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

47 3 21

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housekeeper

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. At home

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) Florence Arizona

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Arizona

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Arizona

17. INFORMANT (ADDRESS) Ramon Olivas, Jr. Miami Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cem. DATE Sept. 8, 1937

19. EMBALMER (LICENSE NO.) 18-A SIGNATURE [Signature]
FUNERAL DIRECTOR (LICENSE NO.) 10-A SIGNATURE [Signature]
ADDRESS Globe, Arizona

20. FILED Sept. 9, 1937 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept. 1, 1937 TO Sept. 7, 1937

I LAST SAW her ALIVE ON Sept 7, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:30 p.m.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Sarcoma of femur with metastases in lungs + liver etc

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATOR Attempted excision DATE July 1937

WHAT TEST CONFIRMED DIAGNOSIS? microscope WERE 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 Chronic (SIGNED) [Signature] M. D. (ADDRESS) Globe