

2124

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

State File No. 119
Registered No. 490

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township Phoenix or Village Phoenix
City Phoenix No. Good S. Strip Ward 13
(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 6 yrs. 11 mos. 1 ds. How long in U. S. of foreign birth? 6 yrs. 1 mos. 1 ds.

2. FULL NAME Aurilia Hunt Garcia How long in State when death occurred? 1 yr. 1 mos. 1 ds.
(a) Residence: No. Phoenix - Arizona Ward 13
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>F</u>	4. COLOR OR RACE <u>Sp.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write <u>Married</u>)	
5a. If married, widowed, or divorced HUSBAND of <u>Monico Garcia</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years <u>61</u>	Months <u>11</u>	Days <u>1</u>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Strip</u>		
	10. Date deceased last worked at this occupation (month and year)		
			11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Arizona</u> <small>(State or Country)</small>			
MOTHER	13. NAME <u>James Clark Hunt</u>		
	14. BIRTHPLACE (city or town) <u>N. Jersey</u> <small>(State or Country)</small>		
	15. MAIDEN NAME <u>Miss Ruby</u>		
FATHER	16. BIRTHPLACE (city or town) <u>New York</u> <small>(State or Country)</small>		
	17. INFORMANT (Address) <u>Monico Garcia</u> <u>Phoenix - Arizona</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Francis</u> Date <u>11/10/37</u>			
19. EMBALMER License No. <u>10577</u> Signature <u>James J. Waco</u>			
FUNERAL DIRECTOR Address <u>7 Home</u>			
20. Filed <u>11-10-1937</u> Registrar <u>James H. Johnson</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/2/37
I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to Nov. 2, 1937
I last saw her alive on Nov. 2, 1937 death is said to have occurred on the date stated above. 11 PM

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

Chronic Nephritis Date of Onset ?

Other contributory causes of importance:
arteriosclerosis
Hypertension

Name of operation Nephrectomy Date of 11/2/37
What test confirmed diagnosis? Biopsy 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? No

If so, specify _____
(Signed) H. G. Williams M. D.
Monico Garcia
Registrar (Address) Phoenix - Arizona

Additional Information Phoenix - Arizona

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