

304

STANDARD CERTIFICATE OF DEATH
Arizona State Board of Health
 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 266
 Township _____ or Village Santa Cruz Registered No. _____
 City _____ No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number) _____ Ward _____
 Length of residence in city or town where death occurred 93 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Annily Cave How long in State when death occurred 93 yrs. _____ mos. _____ ds.
 (a) Residence: No. Santa Cruz St. _____ Ward _____ (If non-city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Indian Pima 4/4 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jose Cave

6. DATE OF BIRTH (month, day, and year) 1845

7. AGE Years 93 Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own 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) Socate (State or Country) ARIZONA

MOTHER

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Juana Chiago (Address) Komatke, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Santa Cruz Date Jan. 26, 1938

19. EMBALMER License No. _____ Signature _____ FUNERAL DIRECTOR Family Komatke Address Arizona

20. Filed Feb 11, 1938 Gertrude H. Moore Registrar (Address) 1323 E. Maryland Phoenix, Ariz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ Report

I last saw h. _____ alive on _____ 19____; death is said to have occurred on the date stated above, at _____ m.

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

no known cause of death except infirmities of age

Date of Onset _____

Other contributory causes of importance: _____

Name of operation No Date of _____

What test confirmed diagnosis? _____ 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) G. L. Wyessoff M. D. (Address) 1323 E. Maryland Phoenix, Ariz

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.