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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.

MARGIN RESERVED FOR BINDING

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

1. PLACE OF DEATH
County Pima State ARIZONA State File No. 3877
Towship _____ or Village _____ Registered No. 34
City Tucson No. _____ 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 2 yrs. 2 mos. 2 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Maria Elena Lopez How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(a) Residence: No. 411609 St. _____ (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>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>child</u>			21. DATE OF DEATH (month, day, and year) <u>1-11-1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>child</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov</u> , 19 <u>37</u> to <u>Jan 11</u> , 19 <u>38</u>		
6. DATE OF BIRTH (month, day, and year) <u>Dec. 26, 1936</u>				I last saw <u>her</u> alive on <u>Jan 10</u> , 19 <u>38</u> ; death is said to have occurred on the date stated above, at <u>2:45 am</u> .		
7. AGE	Years <u>1</u>	Months	Days <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Congenital anomaly of heart</u> <u>Bronchopneumonia</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Date of Onset	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>child</u>					
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		Other contributory causes of importance:
12. BIRTHPLACE (city or town) <u>Bowie</u> (State or Country)				Name of operation _____ Date of _____		
MOTHER	13. NAME <u>Andrea Lopez</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>	
	14. BIRTHPLACE (city or town) <u>Bowie</u> (State or Country)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
FATHER	15. MAIDEN NAME <u>Rosa Gonzalez</u>				Where did injury occur? _____ (Specify city or town, county and State)	
	16. BIRTHPLACE (city or town) <u>El Paso</u> (State or Country)				Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Andrew Lopez</u> (Address) <u>411609</u>				Manner of injury _____		
18. BURIAL, CREMATION, OR REMOVAL. Place <u>Bowie</u> Date _____, 19____				Nature of injury _____		
19. EMBALMER License No. <u>1864</u> Signature <u>Carl R. Green</u> FUNERAL DIRECTOR <u>Jason Martinez</u> Address <u>Jason Martinez</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
20. Filed <u>1-12-1938</u> Registrar <u>Lewis H. Howard</u>				If so, specify _____ (Signed) <u>R. E. Heston</u> M. D. (Address) <u>130 So. Scott</u>		

1051-6-12-36-MS-Form 3-100% RAG Back of Certificate to be used for any Additional Information