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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 State File No. 072

1. PLACE OF DEATH
County Pima State ARIZONA Registered No. _____
Township Miami Ariz or Village _____
City _____ 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 1 yrs. 3 mos. 3 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Natalia Renteria How long in State when death occurred? _____ yrs. 1 mos. 3 ds.
(a) Residence: No. 520 Gibson Miami St. Ward _____ (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>neg</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Infant</u>			21. DATE OF DEATH (month, day, and year) <u>Feb 2, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from _____ on <u>Feb 2</u> , 19 <u>38</u> , to <u>19 38</u> , 19____ I last saw him alive on <u>Jan 1</u> , 19 <u>38</u> death is said to have occurred on the date stated above, at <u>30</u> m. The principal cause of death and related causes of importance were as follows: <u>Natural Causes</u> <u>probably Influenza</u> <u>12 hrs</u> Other contributory causes of importance: _____
6. DATE OF BIRTH (month, day, and year) <u>Dec 29-1937</u>	7. AGE Years _____ Months <u>1</u> Days <u>3</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 _____			Date of Onset _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Miami Ariz</u>					Name of operation _____ Date of _____	
13. NAME <u>Mike Renteria</u>					What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>El Paso Texas</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.	
15. MAIDEN NAME <u>Francis Medina Mendez</u>					Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (city or town) (State or Country) <u>Tucson Ariz</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
17. INFORMANT (Address) <u>Mike Renteria Miami Ariz</u>					(Signed) <u>Allen D. Grayson</u> M. D. (Address) <u>Miami Ariz</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Miami Ariz</u> Date <u>2/2</u> , 19 <u>38</u>						
19. EMBALMER { License No. _____ Signature <u>M. B. Mc Lellan</u> FUNERAL DIRECTOR <u>Mills Mortuary</u> Address <u>Miami Ariz</u>						
20. Filed <u>Feb 2 1938</u> <u>Allen D. Grayson</u> Registrar						