

4257

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. 31

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 31
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 6 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Angelina Garcia Maldonado HOW LONG IN STATE WHEN DEATH OCCURRED? 19 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: No. East Mesquite St. 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, WID. OWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angel Maldonado

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1919

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
19 2 16

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. 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) Clifton (STATE OR COUNTY) Arizona

13. NAME Nestor Varela

14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____

15. MAIDEN NAME Josephina Garcia

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

17. INFORMANT (ADDRESS) Angel Maldonado Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE March 22, 1938

19. EMBALMER LICENSE NO. 18 A. SIGNATURE [Signature]
FUNERAL DIRECTOR LICENSE NO. [Signature] ADDRESS Globe Arizona

20. FILED Mar 22, 1938 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 20th 9:00AM TO 5:00 P. M., 1938

I LAST SAW HER ALIVE ON March 20th; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3-5 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET _____

Extensive 2nd & 3rd degree burns of face, torso & extremities; 75 to 80 %

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

None

NAME OF OPERATION _____ DATE OF _____
WHAT TEST _____
CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY March 20/38
WHERE DID INJURY OCCUR? Home (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE In home

MANNER OF INJURY Making fire with Kerosene
NATURE OF INJURY Burn

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? Housekeeping

IF SO, SPECIFY (SIGNED) [Signature], M. D. (ADDRESS) Globe