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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. _____ Registered No. 14

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township _____ or Village _____
 City Hayden 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 _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Elena Cross How long in State when death occurred? 18 yrs. 10 mos. 25 ds.
 (a) Residence: No. _____ (Usual place of abode) _____ St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word) Single
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) Oct 23 1919
 7. AGE Years 18 Months 10 Days 25 If LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 _____
 12. BIRTHPLACE (city or town) (State or Country) Hayden
 13. NAME Jacinto Cross
 14. BIRTHPLACE (city or town) (State or Country) Panama
 15. MAIDEN NAME Genoveva Sanchez
 16. BIRTHPLACE (city or town) (State or Country) San Juan
 17. INFORMANT (Address) Jacinto Cross
 18. BURIAL, CREMATION, OR REMOVAL Place Winkelman, Ariz. Date 9/24/1938
 19. EMBALMER License No. _____ Signature P. J. Sullivan
 FUNERAL DIRECTOR P. J. Sullivan
 Address Winkelman
 20. Filed 9/19 1938 Registrar W. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 18 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Sept 18 1938
 I last saw her alive on Sept 17 1938; death is said to have occurred on the date stated above, at 4:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Disease
Chronic Interstitial Nephritis
 Date of Onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Urinalysis Were an autopsy? No
 23. If death was due to external causes (violence) fill in also the following:
 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) Charles ... M. D.
 (Address) Hayden Ariz.