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Arizona State Board of Health BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. _____

1. PLACE OF DEATH
 County Santa State ARIZONA Registered No. 5
 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? 10 yrs. 9 mos. 29 ds.
 How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred? 10 yrs. 9 mos. 29 ds.
 2. FULL NAME Virgenita Crozes St. _____ Ward _____
 (a) Residence: No. _____ (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Single
 6. DATE OF BIRTH (month, day, and year) May 21, 1928
 7. AGE Years 10 Months 9 Days 29 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
 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) Hayden (State or Country) Arizona
 13. NAME Jacinta Crozes
 14. BIRTHPLACE (city or town) St. Barbara (State or Country) Mex.
 15. MAIDEN NAME Genova Sanchez
 16. BIRTHPLACE (city or town) Hayden (State or Country) Arizona
 17. INFORMANT (Address) Hayden
 18. BURIAL, CREMATION OR REMOVAL Place Franklin Ave Date 3-21-1939
 19. EMBALMER License No. _____ Signature P. J. Sutton
 FUNERAL DIRECTOR P. J. Sutton
 Address Hayden, Ariz.
 20. Filed Mar 20, 1939 Registrar P. J. Sutton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 20, 1939
 I HEREBY CERTIFY that I attended deceased from Mar 12, 1939 to Mar 20, 1939
 I last saw her alive on Mar 19, 1939 death is said to have occurred on the date stated above, at 3:04 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of Onset 3-11-39
 Other contributory causes of importance:
Pneumococci meningitis 3-13-39
 Name of operation culture + spinal fluid
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 22. 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?
NO
 If so, specify _____
 (Signed) Charles H. Heston M. D.
 (Address) Hayden, 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.