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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Greenlee State ARIZONA
Township Morenci, Ariz or Village _____ St. _____ Ward _____
City Morenci, Ariz No. _____ (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. 0 mos. 0 ds. How long in U.S. if of foreign birth? 48 yrs. 0 mos. 0 ds.
How long in State when death occurred? 48 yrs. 0 mos. 0 ds.

2. FULL NAME Herlinda Loya St. _____ Ward _____
(a) Residence: No. Morenci, Ariz. (Usual place of abode) St. _____ Ward _____ (if non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

6. DATE OF BIRTH (month, day, and year) April, 25 1906
7. AGE Years 48 Months 0 Days 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Metcalfe, Ariz. (State or Country) _____

13. NAME Francisco Varella

14. BIRTHPLACE (city or town) Mexico (State or Country) _____

15. MAIDEN NAME Verlinda Pierro

16. BIRTHPLACE (city or town) Mexico (State or Country) _____

17. INFORMANT Francisco Loya (Address) Morenci, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Morenci, Ariz. Date 4/27/39

19. EMBALMER { License No. _____ Signature J. J. McMillen

FUNERAL DIRECTOR McMillen Fun. Home Address Clifton, Ariz.

20. Registrar Paul W. McMillen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 25, 1939
I HEREBY CERTIFY, That I attended deceased from May 10, 1939 to Apr. 25, 1939
I last saw her alive on Apr. 25, 1939; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Date of Onset 1939?

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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 _____ M. D.
(Signed) Ralph A. Stallan
(Address) Morenci, Ariz.

Back of Certificate to be used for any Additional Information