2347

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. 144

Registered No. 472

1. PLACE OF DEATH State ARIZONA

County Maricopa or Village St., Ward

Township Phoenix No. 415 E Henshaw

City (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 Ynosencia Cordova How long in State when death occurred? Unkn. mos. ds.

(a) Residence: No. St., Ward. (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mauricio Cordova

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years 33 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

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) (State or Country) Mexico

FATHER

13. NAME Juan Lopez

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (Address) Husband

18. BURIAL, CREMATION, OR REMOVAL Date 4-10-1939

Place County

19. EMBALMER { License No. Signature H. M. Maus

FUNERAL DIRECTOR Same

Address 830 N. 3rd Ave.

20. Filed 4-12, 1939 James L. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to April 8, 1939

I last saw her alive on April 8, 1939; death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis left dry | Date of Onset 2 yrs.

Other contributory causes of importance: Premature labor 6 mo.

Name of operation no Date of

What test confirmed diagnosis? Clin 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, 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) Clyde J Barker M. D.

(Address) 6 Monroe

Back of Certificate to be used for any Additional Information

5M—7/6/38— Form 3 100% Rag