

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. 69

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. 7
 Township Globe or Village 850 East Yuma St. Ward 7
 City Globe No. 850 East Yuma St.
 (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 3 yrs. 6 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.
 2. FULL NAME Helen Y. Moreno How long in State when death occurred? 0 yrs. 0 mos. 0 ds.
 (a) Residence: 850 East Yuma St. (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - -
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 6 _____
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Globe (State or Country) Arizona
 FATHER
 13. NAME Vic. Moreno
 14. BIRTHPLACE (city or town) Ferro (State or Country) New Mexico
 MOTHER
 15. MAIDEN NAME Maximina Ybarra
 16. BIRTHPLACE (city or town) Globe (State or Country) Arizona
 17. INFORMANT Vic Moreno (Address) Globe Arizona
 18. BURIAL, CREMATION, OR REMOVAL Place Globe Cemetery Date Dec. 19, 1939
 19. EMBALMER License No. 18-A (Signature) [Signature]
 FUNERAL DIRECTOR License No. 10-A (Signature) [Signature]
 Address Globe Arizona
 20. Filed Jan 8, 1940 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19, 39
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1939 to Dec. 19, 1939
 I last saw her at death Dec. 19, 1939; death is said to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:
Probably Broncho-Pneumonia
Complicating Acute Cold.
 Date of Onset about Dec. 17, 1939
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis Examination 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 no, specify _____
 (Signed) T. C. Harper M. D.
 (Address) Gila County Health Officer
Globe, Ariz.