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

93

State File No.

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 92

Township or Village or

City Tempe 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. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alicia Vasquez How long in State when death occurred? yrs. 3 mos. ds.

(a) Residence: West Chandler ; (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Mex

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)

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

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

7. AGE Years about Months 3 Days If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) West Chandler (State or Country)

FATHER

13. NAME Roque Vasquez

14. BIRTHPLACE (city or town) Old Mex (State or Country)

MOTHER

15. MAIDEN NAME Francis Marks

16. BIRTHPLACE (city or town) Old Mex (State or Country)

17. INFORMANT Roque Vasquez (Address) West Chandler

18. BURIAL, CREMATION, OR REMOVAL Place Guadalupe Date 12/2 1939

19. EMBALMER License No. 218 Signature E. Carr Jr.

FUNERAL DIRECTOR Carr Mortuary

Address Tempe, Ariz.

20. Filed 12-2 1939 Geo B. Irvine M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1939, to Dec 1 1939

I last saw her alive on Dec 1 1939; death is said to have occurred on the date stated above, at m.

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

	Date of Onset
Acute Indigestion & Intestine Tube	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) H. E. Patterson, M. D.

(Address) Tempe Ariz

10M—5-25-39 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information