

9205

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. 77

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Claypool-Miami 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 11 yrs. 11 mos. 8 ds. How long in U. S. (if of foreign birth) 11 yrs. 11 mos. 8 ds.

2. FULL NAME Hebea Magdalena How long in State when death occurred? 11 yrs. 11 mos. 8 ds.
 (a) Residence: No. 62 Hoover Cedar, Claypool Ward _____
(Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Latin</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Infant</u>			21. DATE OF DEATH (month, day, and year) <u>Feb. 8, 1940</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 1 - 1940</u> to <u>Feb 8 - 1940</u> . I last saw her alive on <u>Feb 8, 1940</u> ; death is said to have occurred on the date stated above, at <u>5:30 P.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Mar. 1, 1939</u>					The principal cause of death and related causes of importance were as follows: <u>Broncho pneumonia</u> Date of Onset <u>Feb 1-1940</u>	
7. AGE		Years <u>11</u>	Months <u>8</u>	Days <u>8</u>	If LESS than 1 day, hrs. or min.	
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					Other contributory causes of importance: <u>Influenza</u>	
					12. BIRTHPLACE (city or town) <u>Miami</u> (State or Country) <u>Ariz</u>	
13. NAME <u>Andres Magdalena</u> 14. BIRTHPLACE (city or town) <u>Mexico</u> (State or Country) _____					Name of operation <u>none</u> Date of _____	
					15. MAIDEN NAME <u>Maria Chavez</u>	
16. BIRTHPLACE (city or town) <u>El Paso</u> (State or Country) <u>Mexico</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
					17. INFORMANT <u>Andres Magdalena</u> (Address) <u>Miami Ariz</u>	
18. BURIAL, <u>Funeral Home</u> OR <u>Home</u> Place <u>Funeral Home</u> Date <u>Feb 7, 1940</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> 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.	
					19. EMBALMER License No. <u>2422</u> Signature <u>John C. Salasbury</u> FUNERAL DIRECTOR <u>Melvin Montuway</u> Address <u>Miami Ariz</u>	
20. Filed <u>Feb 7, 1940</u> at <u>National Claypool, Ariz.</u> Registrar _____					Manner of injury <u>none</u> Nature of injury _____	
					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Lynell M. Larson</u> M. D. (Address) <u>Miami, Arizona</u>	