

9209

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. <u>1215</u>	
1. PLACE OF DEATH		County <u>Gila</u> State <u>ARIZONA</u>	
Township _____ or Village _____		Registered No. _____	
City <u>Claypool</u> 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 <u>7</u> yrs. <u>5</u> mos. _____ ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Gloria Moreno</u>		How long in State when death occurred? <u>3</u> yrs. _____ mos. _____ ds.	
(a) Residence: No. <u>E Railroad ave.</u> St. _____ Ward _____		(Usual place of abode) (If not resident, give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Latin</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>			
6. DATE OF BIRTH (month, day, and year) <u>Sept 12 1936</u>			
7. AGE	Years <u>3</u>	Months <u>5</u>	Day _____ If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Miami Ariz.</u> (State or Country)			
FATHER	13. NAME <u>Paulino Moreno</u>		
	14. BIRTHPLACE (city or town) <u>Casa Grande Ariz.</u> (State or Country)		
MOTHER	15. MAIDEN NAME <u>Raquel Carrillo</u>		
	16. BIRTHPLACE (city or town) <u>Halvin Ariz.</u> (State or Country)		
17. INFORMANT <u>Paulino Moreno</u> (Address) <u>Claypool, Ariz.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pineal Cemetery</u> Date <u>2/17</u> 19 <u>40</u>			
19. EMBALMER License No. <u>242 A</u> Signature <u>John Selis bury</u>		FUNERAL DIRECTOR <u>Miles Mortuary</u> Address _____	
20. Filed <u>February 27, 1940</u> <u>Nelson D. Grayton</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Feb 16 1940</u>			
22. I HEREBY CERTIFY. That I attended deceased from <u>Feb 1</u> 19 <u>40</u> , to <u>Feb 16</u> 19 <u>40</u>			
I last saw her alive on <u>Feb 16</u> 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>5:30 a.m.</u>			
The principal cause of death and related causes of importance were as follows:			Date of Onset
<u>Broncho pneumonia</u>			<u>Feb 1 1940</u>
Other contributory causes of importance: <u>Influenza</u>			
Name of operation <u>none</u> 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? <u>none</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.			
Manner of injury <u>none</u>			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
If so, specify _____			
(Signed) <u>Loquillo Brown</u> M. D.		(Address) <u>Marana, Arizona</u>	