9730

SOCIAL SECURITY NO. _____

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. _____

Registered No. 69

1. PLACE OF DEATH State ARIZONA

County Cochise or Village _____ St. _____ Ward _____

Township Douglas No. 729-1st

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 1 yrs. 5 mos. 3 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

How long in State where death occurred? 1 yrs. 5 mos. 3 ds.

2. FULL NAME Luisa Ybarra

(a) Residence: 729-1st (Usual place of abode) ; _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) 10-28-1938

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	5	3	

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) Douglas (State or Country) Arizona

FATHER

13. NAME Juan Ybarra

14. BIRTHPLACE (city or town) Bisbee (State or Country) Arizona

MOTHER

15. MAIDEN NAME Paula Valdez

16. BIRTHPLACE (city or town) Huntington (State or Country) California

17. INFORMANT Juan Ybarra (Address) 729-1st Douglas, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Douglas, Arizona Date 4-1-40, 19____

19. EMBALMER License No. 72-A Signature R. C. Porter

FUNERAL DIRECTOR Porter & Ames 29-A

Address Douglas, Arizona

20. Filed 4-1-40, 1940 Eva Lamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-31-40 19

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1940, to March 31, 1940

I last saw her alive on March 31, 1940; death is said to have occurred on the date stated above, at 4-10PM

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

Bronchopneumonia — Date of Onset 3/29/40

Other contributory causes of importance:

Whooping Cough — ?

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Were 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? _____

If so, specify _____

(Signed) F. Causey MD, M. D.

(Address) Douglas, Arizona

Back of Certificate to be used for any Additional Information

10M—5-25-39 A.P. Form 3 100% Rag

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.

MARGIN RESERVED FOR BINDING