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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6207
Registrar's No. 6207

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 502 Omega St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community Life
(Specify whether years, months or days) ; In Arizona Life
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 502 Omega St. (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Christine Tellez Marquez (b) If veteran name war _____ (c) Social Security No. No
(If NONE write the word)

4. Sex female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec. 7th 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 15 hrs. min.

9. Birthplace Globe Arizona
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business _____

Father { 12. Name Sam Marquez
13. Birthplace Douglas, Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Margaret Tellez
15. Birthplace Globe, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Sam Marquez
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Ariz. (c) Date 5/24/42 19__

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) June 5 - 42
(Date received local Registrar)
(b) June Tellez
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 22 1942
TIME (Hour and minute) 3:15 P.M.

21. I hereby certify that I attended the deceased from May 22 1942 to May 22 1942
that I last saw her alive on May 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dysentery, probably 5-7 day
toxicity
Due to Cause unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M.D.
Address Globe Date signed June 2 42