

1932

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. **93**  
Registrar's No. **24**

1. Place of Death: (a) County Greenlee (b) City or Town Moenai (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 15 yrs; In Arizona 15 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Greenlee; (c) City or Town Moenai  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) Yes  
If Yes, which country Mexico (c) Social Security No. \_\_\_\_\_

3. (a) FULL NAME Juanita Espanza (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex FM 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Widow

6. (b) Name of husband Marcos Espanza 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased May 16 - 1890  
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 22 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Jalisco Mexico  
(City, town or county) (State or Country)

10. Usual Occupation at home

11. Industry or Business \_\_\_\_\_

Father { 12. Name Buideo Ornelas  
13. Birthplace Don't know Mexico  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Blencia Gonzales  
15. Birthplace Don't know Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature J. Espanza  
(b) Address Moenai Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Moenai Ariz (c) Date May 10 1945

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director MORTUEN FUNERAL HOME  
(c) Address Clepton Ariz

19. (a) 5-9-45  
(Date received Local Registrar)

(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 8, 1945  
TIME (Hour and minute) 10:00 P.M.

21. I hereby certify that I attended the deceased from March  
\_\_\_\_\_, 1944 to May 2, 1945  
that I last saw her alive on May 8, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Melanocarcinoma  
of Spleen Neck

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Wide spread metastases  
(Include pregnancy within three months of death)

Major findings: melanocarcinoma  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION  
1 1/2 years

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 Moenai Ariz Date signed May 9, 1945