

2473

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 132
Registrar's No. 1989
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Arizona State Hospital
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 12 yrs 10 mos 24 days ; In Community 27 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Yuma ; (c) City or Town Yuma
(If outside city limits also write RURAL)
(d) Street No. 5th St + Vaughn (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME Carlota Garcia (b) If Veteran name war None (c) Social Security No. None

4. Sex F 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced divorced
6. (b) Name of husband or wife Lorenzo Duran 6. (c) Age of husband or wife, if alive 62 yrs.
7. Birthdate of deceased not known
(Month) (Day) (Year)
8. AGE: Years 59 Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Mexico
(City, town or county) (State or Country)
10. Usual Occupation housewife
11. Industry or Business _____
12. Name Angel Paradox
13. Birthplace Old Mexico
(City, town or county) (State or Country)
14. Maiden Name Josua Ortis
15. Birthplace Old Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Arizona State Hospital Records
(b) Address Phoenix, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Yuma, Ariz (c) Date 8-3 1946
18. (a) Embalmer's Signature Paul N. Jankov
(b) Funeral Director Martensen & Ingely
(c) Address Phoenix Ariz

19. (a) AUG 5, 1948
Date received by Local Registrar
(b) Leo J. Hughes M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) August 3, 1946
TIME (Hour and minute) 12:15 A.M.
21. I hereby certify that I attended the deceased from September 10, 1933 to August 3, 1946
that I last saw him or alive on August 3, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis
Due to Pelvic inflammatory disease
Due to _____
Other conditions Lobar pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
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 Rhoda L. Musgrave M. D.
Address Phoenix, Arizona Date signed 8-3-46