

1122

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

W. J. Tucker  
513

State File No. 513  
Registrar's No. 55

1. Place of Death: (a) County Maricopa (b) City or Town Glendale (c) Location Residence  
(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 Maricopa (c) City or Town Glendale  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) No  
3. (a) FULL NAME Marie Angel (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Race  White  Indian  Negro   Oriental  
6. (a) Single, married, widowed or divorced Married  
(b) Name of husband Martin Angel (c) Age of husband or wife, if alive 63 yrs  
7. Birthdate of deceased (Month) 7 (Day) 7 (Year) 1885  
8. AGE: Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Glendale Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Esmeral Pachilla  
13. Birthplace Old Mexico  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Nicolas Pachilla  
15. Birthplace Old Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Suzanne Angel  
(b) Address Glendale, Ariz. 1st St.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place St. Marys Cemetery (c) Date October 26, 46  
18. (a) Embalmer's Signature George Guzmiller  
(b) Funeral Director Chas. F. M. West  
(c) Address 9 Green Co. Arizona  
19. (a) Nov 5 1946  
(Date received Local Registrar)  
(b) D. O. Martin  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) October 24, 1946  
TIME (Hour and minute) 8:15 P.M.  
21. I hereby certify that I attended the deceased from Sept 1, 46  
to Sept 24, 46  
that I last saw her alive on Sept 24, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Respiratory obstruction  
Due to Carcinoma of lung  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 W. J. Tucker M. D.  
Address Glendale, Ariz. Date signed 26 Oct 46