1905

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 40
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Rural (If outside city limits also write RURAL) (c) Location S. P. Station - Mascal (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 5 years ; In Arizona 34 years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Cochise ; (c) City or Town Benson - Rural (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (Yes or No) yes If Yes, which country Mexico
3. (a) FULL NAME Catalina Gonzales Lapia (b) If Veteran name war (c) Social Security No.

4. Sex F
5. Race White ☑ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Jose M. Lapia
6. (c) Age of husband or wife, if alive 54 yrs.
7. Birthdate of deceased June (Month) 16 (Day) 1902 (Year)
8. AGE: Years 44 Months 5 Days 23 If less than one day hrs. min.
9. Birthplace Sonora Mexico (City, town or county) (State or Country)
10. Usual Occupation House wife
11. Industry or Business
Father 12. Name Jesus Gonzales
Father 13. Birthplace Sonora Mexico (City, town or county) (State or Country)
Mother 14. Maiden Name Ignacio Sanchez
Mother 15. Birthplace Sonora Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Carmelita T. Vasquez
(b) Address Mascal
17. (a) Burial, Cremation or Removal Burial in Benson
(b) Place Benson (c) Date 12/10 1946
18. (a) Embalmer's Signature
(b) Funeral Director Mexican Mortuary
(c) Address Tucson, Arizona
19. (a) Dec 11, 1946 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9 December, 1946;
TIME (Hour and minute) 5:40 P. M.
21. I hereby certify that I attended the deceased from 3 December, 1946 to 9 December, 1946; that I last saw her alive on 9 December, 1946; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Acute toxemic circulatory collapse.	4 days.
Due to Lobar pneumonia, right lower lobe	8 days.
Due to	
Other conditions None. (Include pregnancy within three months of death)	
Major findings: Of operations None.	
Of autopsy None.	

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 Clyde E. Harris M. D.
Address Benson, Ariz. Date signed 9 Dec 1946.

40M—100% Rag—6-10-44