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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 41
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Willcox (If outside city limits also write RURAL) (c) Location Valley Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community none (Specify whether years, months or days); In Arizona none

2. Usual Residence of Deceased: (a) State none; (b) County; (c) City or Town (If outside city limits also write RURAL)
(d) Street No.; (e) Citizen of foreign country (Yes or No) If Yes, which country
(c) Social Security No.

3. (a) FULL NAME ~~Infant~~ Adela Aguilar ~~(un-named)~~ (b) If Veteran name war

4. Sex female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced infant
6. (b) Name of husband or wife ---------
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased 10- (Month) 14 (Day) 47 (Year)

8. AGE: Years Born dead Months Days If less than one day hrs. min.

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

10. Usual Occupation

11. Industry or Business Gonzales

Father
12. Name Mike Aguilar
13. Birthplace Willcox, (City, town or county) Arizona (State or Country)

Mother
14. Maiden Name Beatrice Martinez Sanchez
15. Birthplace Willcox, (City, town or county) Arizona (State or Country)

16. (a) Informant's own signature Mike Aguilar
(b) Address Box 44 Willcox, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Willcox, (c) Date 10-16 1947

18. (a) Embalmer's Signature Chris A. Reilly
(b) Funeral Director Reilly-Rottman
(c) Address Willcox, Arixona

19. (a) Oct 16-1947 (Date received Local Registrar)
(b) John C. Wilson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10-14, 1947
TIME (Hour and minute) 11:00 P M.

21. I hereby certify that I attended the deceased from 10-14, 1947 to same, 19; that I last saw h alive on not seen, 19; and that death occurred on the date and hour stated above.
Immediate cause of death Placenta previa

Due to

Due to

Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION 10 mos

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 Robert Wan Hi-lao M. D.
Address Willcox, Ariz Date signed 10-16-47

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