

2637

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Cochise</u>		BUREAU OF VITAL STATISTICS		State Index - - - - No. <u>28</u>			
District <u>Bisbee</u>		ORIGINAL CERTIFICATE OF DEATH		County Registrar's - - No. _____			
Town or City <u>Bisbee</u>		No. _____		Local Registrar's - - No. <u>129</u>		Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street number).							
2. FULL NAME <u>Blasa Aranj's Guerra</u>							
(a) Residence. No. <u>51 Zacatecas</u>		St. _____		Ward _____		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred		yrs.	mos.	ds.	How long in U. S. if of foreign birth?	yrs.	mos.
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>married</u>		16. DATE OF DEATH (month, day, and year) <u>July 16, 1929</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Encarnacion Guerra</u>				17. I HEREBY CERTIFY, That I attended deceased <u>from</u> <u>June 20th, 1929</u> to <u>July 16th, 1929</u> that I last saw h. alive on <u>July 16th, 1929</u> and that death occurred, on the date stated above, at <u>10:20 PM</u> The CAUSE OF DEATH* was as follows: <u>Acute Endocarditis</u> <u>following Post Partum</u> <u>infection</u>			
6. DATE OF BIRTH (month, day and year) <u>Feb. 1903</u>				(duration) _____ yrs. _____ mos. <u>25</u> ds.			
7. AGE	Years <u>26</u>	Months <u>5</u>	Days <u>14</u>	IF LESS than 1 day _____ hrs. or _____ min.			
8. OCCUPATION OF DECEASED				CONTRIBUTORY (Secondary) _____			
(a) Trade, profession, or particular kind of work <u>Housewife</u>				(duration) _____ yrs. _____ mos. _____ ds.			
(b) General nature of industry, business or establishment in which employed (or employer) <u>At home</u>				18. Where was disease contracted if not at place of death? <u>No</u>			
(c) Name of employer _____				Did an operation precede death? <u>No</u> Date of _____			
9. BIRTHPLACE (city or town) <u>Parral</u> (State or country) <u>Chih. Mex.</u>				Was there an autopsy? <u>No</u>			
10. NAME OF FATHER <u>Filomeno Aranj's</u>				What test confirmed diagnosis? <u>Usual</u>			
11. BIRTHPLACE OF FATHER _____ (State or country) <u>Mexico</u>				(Signed) <u>Alfonso</u> _____, M. D.			
12. MAIDEN NAME OF MOTHER <u>Margarito Quintana</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Bisbee Arizona</u>			
13. BIRTHPLACE OF MOTHER <u>Parral</u> (State or country) <u>Chih. Mexico</u>				DATE OF BURIAL <u>July 17, 1929</u>			
14. Informant <u>Encarnacion Guerra</u> (Address) <u>Bisbee Ariz</u>				20. UNDERTAKER <u>Hennsray Undt. Co</u>			
15. Filed <u>8/17</u> , 19 <u>29</u> <u>R. B. Bunker</u> Local Registrar.				ADDRESS <u>Bisbee Ariz</u>			
Filed _____, 19____ V. S. No. 1 _____ County Registrar.							

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)