

9132

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 557 Registered No. 33

1. PLACE OF DEATH
County Pima State Arizona
District or Township _____ or Village _____
City Yuma No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Katharina Gonseca
(a) Residence, No. Ajo Ariz St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. _____ ds. _____
How long in U. S. if of foreign birth? 6 yrs. mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F.</u>	4. COLOR or RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Widow</u>			16. DATE OF DEATH	<u>Dec 19</u> 19 <u>28</u> Month Day Year
5a. If married, widowed, or divorced HUSBAND of <u>Jose Maria Gonseca</u> (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Oct</u> 19 <u>28</u> to <u>Dec</u> 19 <u>28</u> that I last saw her alive on <u>Dec 1</u> 19 <u>28</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows: <u>Chronic myocarditis, Arteriosclerosis, Chronic nephritis</u> (duration) <u>1</u> yrs. mos. _____ ds. _____	
6. DATE OF BIRTH (month, day and year) <u>Not Known</u>					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. _____ ds. _____	
7. AGE	Years <u>86</u>	Months _____	Days _____	IF LESS than 1 day _____ hrs. or _____ min.	18. Where was disease contracted If not at place of death? <u>No</u> Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? _____ (Signed) <u>H. D. Howard</u> M. D. <u>Dec. 20 1928</u> (Address) <u>Ajo, Ariz.</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) <u>Housewife</u> (c) Name of employer _____					* 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).	
9. BIRTHPLACE (city or town) <u>Yuma, Mexico</u> (State or country) _____					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Ajo</u> <u>Ariz</u>	
10. NAME OF FATHER <u>Not Known</u>					DATE OF BURIAL <u>Dec 21</u> 19 <u>28</u>	
11. BIRTHPLACE OF FATHER (city or town), _____ (State or country) <u>Yuma, Mexico</u>					ADDRESS <u>Ajo Ariz</u>	
12. MAIDEN NAME OF MOTHER <u>Not Known</u>					20. UNDERTAKER <u>H. T. Lyons</u>	
13. BIRTHPLACE OF MOTHER (city or town), _____ (State or country) <u>Yuma, Mexico</u>						
14. Informant <u>Jose Maria Gonseca</u> (Address) <u>Ajo, Ariz.</u>						
15. Filed <u>Dec 20</u> 19 <u>28</u> <u>John S. Ward</u> Registrar.						

be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.