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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.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State Arizona		State File No. <u>25</u>	
County <u>Cochise</u>				or Village		Registered No. <u>43</u>	
Township <u>Bisbee</u>				City <u>Bisbee</u>		No. <u>Upper Brewery Gulch</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				St.		Ward	
Length of residence in city or town where death occurred <u>48</u> yrs. mos. da.				How long in U. S. if of foreign birth? <u>48</u> yrs. mos. da.			
2. FULL NAME <u>Guadalupe Valenzuela</u>				How long in state when death occurred? <u>48</u> yrs. mos. da.		<u>93d</u>	
(a) Residence: No. <u>Upper Brewery Ave.</u>				St. <u>1st</u> Ward.		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>Dec. 12, 1850</u>							
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.		
<u>82</u>		<u>5</u>	<u>6</u>				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) <u>Sagua Grande</u>							
(state or country) <u>Sonora, Mexico.</u>							
13. NAME <u>Guadalupe Valenzuela</u>							
14. BIRTHPLACE (city or town) <u>Unknown</u>							
(State or country) <u>Mexico</u>							
15. MAIDEN NAME <u>Manuela Avila</u>							
16. BIRTHPLACE (city or town) <u>Unknown</u>							
(State or country) <u>Mexico</u>							
17. INFORMANT <u>Adress CValenzuela</u>							
(Address) <u>Bisbee, Arizona.</u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Bisbee, Ariz.</u> Date <u>7/19</u> , 19 <u>33</u>							
19. UNDERTAKER <u>Hennessey Unit. Co.</u>							
(Address) <u>Bisbee, Arizona.</u>							
20. Filed <u>May 19</u> , 19 <u>33</u> <u>R. B. Lemper</u> Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>May 18</u> , 19 <u>33</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>April 27</u> , 19 <u>33</u> , to <u>May 18</u> , 19 <u>33</u>							
I last saw him alive on <u>May 5</u> , 19 <u>33</u> ; death is said to have occurred on the date stated above, at <u>10:45 a.m.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Myocardial Failure</u>							
Other contributory causes of importance:							
<u>Chronic Bronchitis</u>							
<u>Chronic nephritis</u>							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? _____ Date of injury _____, 19 <u> </u>							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify _____							
(Signed) <u>Jack P. Eason</u> , M. D.							
(Address) <u>Bisbee, Arizona</u>							

SM 2-8-33 MS-47071

Back of Certificate to be used for any additional information