

4786

437

ARIZONA STATE BOARD OF HEALTH

PLACE OF DEATH

County Maricopa
District
Town
Or City Phoenix

BUREAU OF VITAL STATISTICS

State Check No. 125

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1667

Local Registrar's No. 4863

No. Arizona State Hospital for the Insane
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME GARCIA, JACOBA

PERSONAL AND STATISTICAL PARTICULARS

SEX Female
Color or Race White Indian Black Chinese Mexican Mex.
SINGLE MARRIED WIDOWED Married or DIVORCED

DATE OF BIRTH
AGE 67 yrs. mos. days hrs. or min.

OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Mexico

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) State Hospital Records
(Address) Phoenix, Arizona

PLACE OF BURIAL OR REMOVAL Asylum Cemetery
DATE OF BURIAL OR REMOVAL Oct. 2, 1916

UNDERTAKER ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1, 1916
(Month) (Day) (Year)

I hereby certify that I attended deceased from March 11, 1914 to Oct. 1, 1916; that I last saw her alive on Sept. 30, 1916, and that death occurred on the date stated above at 2:45 A.M. The DISEASE or INJURY causing

Death was as follows: Pulmonary Tuberculosis

Unknown (Duration) yrs. mos. days

Was disease contracted in Arizona?
If not, where?

CONTRIBUTORY Diabetes Mellitus
Unknown (Duration) yrs. mos. days

(Signed) H.P. Miller

Oct. 2, 1916. (Address) Phoenix, Ariz.

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE
At place of death 2 yrs. 7 mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence
Filed Oct. 4, 1916

Filed Oct. 1, 1916
G. B. M. County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.