

2983

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully checked for accuracy in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS	
1 PLACE OF DEATH County <u>El Paso</u> City <u>El Paso</u> (No. <u>2906</u> , <u>Valerosa</u> St.;)		TEXAS STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH Reg. Dis. No. _____ Registered No. <u>541</u>	
2 FULL NAME <u>E. Munguia</u> (a) RESIDENCE No. <u>22356</u> St. _____ (If nonresident 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. _____ ds.		B.O.V.S. D Ward _____	
3 SEX <u>Male</u> 4 COLOR OR RACE <u>Mex</u> 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	16 DATE OF DEATH <u>July 17th 1920</u> (Month) (Day) (Year)		
6 DATE OF BIRTH _____ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at <u>118</u> in _____. The CAUSE OF DEATH was as follows: <u>Senility</u> _____ (duration) _____ yrs. _____ mos. _____ ds.		
7 AGE <u>79</u> yrs. _____ mos. _____ ds. If less than 2 years state if breast fed _____ If less than 1 day _____ Yes _____ No _____ hrs. _____ mins.	Contributory (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____	18 Where was disease contracted _____ if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? <u>Heart P. Body</u> (Signed) _____ M. D. _____ 19____ (Address) _____		
9 BIRTHPLACE (State or country) <u>Mexico</u>	*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 State Statutes).		
10 NAME OF FATHER <u>Manuel Munguia</u>	19 PLACE OF BURIAL OR REMOVAL <u>Calumet</u> DATE OF BURIAL <u>July 19th</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>	20 UNDERTAKER _____ ADDRESS _____		
12 MAIDEN NAME OF MOTHER <u>Had Know</u>	14 THE ABOVE IS TRUE (Informant) <u>Manuel Munguia</u> (Address) <u>2906 Valerosa St</u>		
13 BIRTHPLACE OF MOTHER _____	15 <u>July 19 1920</u> <u>J. J. [Signature]</u> Registrar		

Texas Deaths, 1890-1976 for E. Munguia

[« Back to search results](#)

Name	E. Munguia
Death Date	17 Jul 1920
Death Place	El Paso, El Paso, Texas
Gender	Male
Race	Mex
Death Age	79 years
Estimated Birth Date	1841
Birth Date	
Birthplace	Mexico
Marital Status	Married
Spouse's Name	
Father's Name	Manuel Munguia
Father's Birthplace	Mexico
Mother's Name	
Mother's Birthplace	
Occupation	Farmer
Place of Residence	El Paso, El Paso, Texas
Cemetery	
Burial Place	
Burial Date	18 Jul 1920
Additional Relatives	x
Film Number	2073789
Digital Film Number	4024457
Image Number	2946