

Faded Document

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL PARTICULARS	
1 PLACE OF DEATH State of Texas					TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS	
COUNTY OF EL PASO					Standard Certificate of Death. Registrar's No. <u>545</u>	
CITY OR PRECINCT EL PASO					No. 2112	Street NORTH RAYNOR <u>18104</u>
2 FULL NAME OF DECEASED Felipa M. Munguia					Residence No. 2112	Street NORTH RAYNOR
Length of residence in city where death occurred <u>3</u> yrs. _____ mos. _____ days					How long in U. S. <u>12</u> yrs. _____ mos. _____ days	
3 SEX FEMALE			4 COLOR OR RACE MEXICAN		5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) WIDOWED	
6a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____						
9 DATE OF BIRTH (Month, day, and year) Year 1846						
7 AGE Yrs. _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.) <u>about</u> 85						
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)						
9 BIRTHPLACE (State or country) Tucson, Arizona						
10 NAME OF FATHER M. Mariscal						
11 BIRTHPLACE OF FATHER Mexico						
12 MAIDEN NAME OF MOTHER Concepcion Mariscal						
13 BIRTHPLACE OF MOTHER Mexico						
14 Signature of Dr. A. Villareal Informant _____ Address Caplen Bldg.-El Paso, Texas						
15 FILED <u>Apr. 17</u> 19 <u>31</u> <u>A. H. Powell</u> Registrar.						
16 DATE OF DEATH April 16, 1931					17 I HEREBY CERTIFY, That I attended deceased from <u>April 6th</u> , 19 <u>31</u> , to <u>April 16, 1931</u> that I last saw her alive on <u>April 16th</u> , 19 <u>31</u> and that death occurred on the date stated above, at <u>4 P. m.</u> The CAUSE OF DEATH was as follows: <u>Para-typhoid Fever (Alpha)</u> (duration) _____ yrs. _____ mos. <u>10</u> ds.	
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.						
18 Where was disease contracted _____ if not at place of death? _____						
Did an operation precede death? <u>no</u> Date of _____						
Was there an autopsy? _____						
What test confirmed diagnosis? _____						
(Signed) <u>[Signature]</u> M. D. <u>4-17</u> 19 <u>31</u> (Address <u>Caplen Bldg.</u>)						
19 PLACE OF BURIAL OR REMOVAL Evergreen Catholic					DATE OF BURIAL 4/17/31	
20 UNDERTAKER HARTFORD MORTUARY					ADDRESS EL PASO, TEXAS	

GIVE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Where suitable is given as cause of death. See Birth Certificate. Every item of information should be care-
 fully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE and CAUSE OF DEATH in plain
 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.