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If any item cert-not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificate will be returned for correction.

PLACE OF DEATH			Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS	
COUNTY	<i>Mohave</i>		490	
DISTRICT	<i>Signal</i>		TERRITORIAL INDEX NO.	
TOWN OR CITY	<i>Signal</i>		COUNTY REGISTERED NO.	<i>7</i>
			ST. LOCAL REGISTRAR'S NO.	<i>1</i>
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <i>Andrea Salazar Olea</i>				
PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR or RACE	SINGLE, MARRIED, WIDOWED or DIVORCED	DATE OF DEATH	
<i>Female</i>	<i>White</i> Black Mexican	<i>WIDOWED</i>	<i>February 20 1911</i> (Month) (Day) (Year)	
DATE OF BIRTH			I hereby certify, that I attended deceased from	
			191__ to __ 191__; that I last saw h__ alive on __ 191__ and that death occurred on the date stated above at __ M. The DISEASE or INJURY causing Death was as follows:	
AGE			<i>1 Unknown</i>	
<i>61</i> yrs. __ mos. __ days			(Duration) __ yrs. __ mos. __ days	
OCCUPATION			Was disease contracted in Arizona	
<i>House wife</i>			<i>1 89</i>	
BIRTHPLACE (State or country)			If not, where?	
<i>Mexico</i>			CONTRIBUTORY	
NAME OF FATHER			(Duration) __ yrs. __ mos. __ days	
<i>Ufrasio Salazar</i>			(Signed) __, M. D.	
BIRTHPLACE OF FATHER (State or country)			__, 191__ (Address) __	
<i>Mexico</i>			*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
MAIDEN NAME OF MOTHER			LENGTH OF RESIDENCE	
<i>Roseta Contreras</i>			At place of death <i>33</i> yrs. __ mos. __ ds. In Arizona <i>44</i> yrs. __ mos. __ ds.	
BIRTHPLACE OF MOTHER (State or country)			Former or Usual Residence	
<i>Mexico</i>			Filed <i>February 26 1911</i> <i>Pheny</i> Local Registrar	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Filed <i>March 6 1911</i> <i>John R. White</i> County Registrar	
(Informant) <i>Placido Olea</i>				
(Address) <i>Signal Ariz</i>				
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
<i>Signal</i>		<i>February 22 1911</i>		
UNDERTAKER		ADDRESS		