

1226

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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. \_\_\_\_\_

1. PLACE OF DEATH  
 COUNTY Graham STATE ARIZONA REGISTERED NO. \_\_\_\_\_  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
 CITY Metcalf NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

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.  
 2. FULL NAME GARCIA HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD. \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>6-26-07-19</u>	22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				I LAST SAW H. _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: _____ DATE OF ONSET _____	
7. AGE		YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
			<u>8</u>		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
	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) _____ (STATE OR COUNTY) _____					
FATHER	13. NAME _____				
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____				
MOTHER	15. MAIDEN NAME _____				
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____				
17. INFORMANT (ADDRESS) _____					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Metcalf</u> DATE _____, 19____					
19. EMBALMER { LICENSE NO. _____ FUNERAL DIRECTOR { SIGNATURE _____ ADDRESS _____					
20. FILED _____, 19____ REGISTRAR _____					
				NAME OF OPERATION _____ DATE OF _____	
				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____					
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>W. Warner Wolkins</u> M. D. _____ (ADDRESS) _____					