

434

RECEIVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH UNFADING INK. 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 the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

Arizona Territorial Board of Health
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH **42594**

PLACE OF DEATH
COUNTY Greenlee
DISTRICT _____
TOWN _____
OR CITY Moravici NO. 37 TERRITORIAL INDEX NO. 66
COUNTY REGISTERED NO. 23
LOCAL REGISTRAR'S NO. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Jose Guerrero

PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR or RACE White Black <u>Mexican</u>	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>april</u> <u>17</u> 19 <u>12</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>14</u> 19 <u>12</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>april 13</u> 19 <u>12</u> to <u>april 16</u> 19 <u>12</u> ; that I last saw him on <u>april 16</u> 19 <u>12</u> and that death occurred on the stated above at <u>4 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>embolism</u>	
AGE yrs. <u>3</u> mos. _____ days _____ hrs., or _____ min. If less than 1 day _____			(Duration) _____ yrs. _____ mos. _____ days.	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			Was disease contracted in Arizona? If not, where? _____	
BIRTHPLACE (State or Country) <u>Mexico</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days.	
NAME OF FATHER <u>Ram. Guerrero</u>			(Signed) <u>A. M. Hutchins</u> M. <u>april 17, 1912</u> (Address) <u>Moravici</u>	
BIRTHPLACE OF FATHER (State or Country) <u>Mexico</u>			*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
NAME OF MOTHER <u>Maria Lopez</u>			LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE OF MOTHER (State or Country) <u>Mexico</u>			Former or Usual Residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____			Filed _____ 19 <u>12</u> _____ Local Registrar	
PLACE OF BURIAL OR REMOVAL <u>Greenlee</u>		DATE OF BURIAL OR REMOVAL _____ 19 <u>12</u>		Filed <u>5/14</u> 19 <u>12</u> _____ County Registrar
UNDERTAKER		ADDRESS		