2119

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 75

County Registered No. 106

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Gila

District Miami

Town Or City Miami

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Leonco Abila

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Dec. (Month) 2nd (Day) 1914 (Year)

AGE: — yrs. 7 mos. — days

If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed or (employer): —

BIRTHPLACE (State or country): Miami, Ariz.

PARENTS

NAME OF FATHER: Eulojio Abila

BIRTHPLACE OF FATHER State or country): Mexico

MAIDEN NAME OF MOTHER: Sipriana Alvarado

BIRTHPLACE OF MOTHER State or country): Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eulojio Abila

(Address) ~~Mexico~~ Miami

PLACE OF BURIAL ~~OR REMOVAL~~: Globe, Ariz.

DATE OF BURIAL ~~OR REMOVAL~~: June 28th 1915

UNDERTAKER: J. L. Jones & Son

ADDRESS: Globe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 27th (Day) 1915 (Year)

I hereby certify, that I attended deceased from June 15 1915 to June 27 1915; that I last saw him alive on June 27 1915, and that death occurred on the date stated above at 5:30 P.M. The DISEASE or INJURY causing Death was as follows: Intestinal Colitis

(Duration) 5 yrs. ..... mos. 12 days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY Age

(Duration) ..... yrs. ..... mos. ..... days

(Signed) C. M. Cron M.D.

June 28 1915 (Address) Miami

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed July 28 1915 B. G. Fox Local Registrar

Filed Aug. 5 1915 B. G. Fox County Registrar

may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar. The Local Registrar will issue burial or removal permit as desired, upon filing the proper certificate subject to the laws of the State and the Regulations of the Board of Health.