

463

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

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Greenlee
District _____
Town Metcalfe
Or City _____

BUREAU OF VITAL STATISTICS

State Index No. 786

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 150

Local Registrar's No. 30

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Enrique Garcia

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED
Black Chinese WIDOWED
Mexican or DIVORCED

DATE OF DEATH June 10 1916
(Month) (Day) (Year)

DATE OF BIRTH Sept 8 1916
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 4 1916 to June 9 1916; that I last saw him alive on June 9 1916, and that death occurred on the date stated above at 11:30 A.M. The DISEASE or INJURY causing

AGE 8 yrs. 28 mos. 28 days If less than 1 day _____ hrs., or _____ min.

Death was as follows: Diarrhea

OCCUPATION (a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed or (employer) _____

(Duration) _____ yrs. _____ mos. 10 days

BIRTHPLACE (State or country) Arizona

Was disease contracted in Arizona? Yes
If not, where? _____

NAME OF FATHER Petronila Garcia

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE OF FATHER (State or country) Mexico

(Signed) E. J. Roman
June 10 1916 (Address) Metcalfe

MAIDEN NAME OF MOTHER Antonia Estrada

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

BIRTHPLACE OF MOTHER (State or country) Mexico

LENGTH OF RESIDENCE At place of death _____ yrs. 8 mos. 28 ds. In Arizona _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jose S. Estrada

Former or Usual Residence None

(Address) Metcalfe Arizona

Filed 6-10-1916 W. F. Bureau Local Registrar

PLACE OF BURIAL OR REMOVAL Metcalfe Arizona DATE OF BURIAL OR REMOVAL 6-11-1916

Filed JUL 5 1916 L. M. Burch County Registrar

UNDERTAKER _____ ADDRESS _____