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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 Maricopa
District Phoenix
Town Phoenix
Or City Phoenix

BUREAU OF VITAL STATISTICS

State Index No. 792

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 157

Local Registrar's No. 82

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

FULL NAME Angelo Bossisio

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Color or Race White
SINGLE MARRIED
WIDOWED or DIVORCED

DATE OF DEATH June 13 1916
(Month) (Day) (Year)

DATE OF BIRTH _____ 191____
(Month) (Day) (Year)

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

AGE 24 yrs. _____ mos. _____ days _____ hrs., or _____ min.
If less than 1 day

stated above at 3 P.M. The DISEASE or INJURY causing
Death was as follows: Accidental
mine falling rock
caught him
(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) Italy

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

NAME OF FATHER Step. Brindley

(Signed) J. E. Starks
617 1916 (Address) Phoenix

BIRTHPLACE OF FATHER (State or country) Italy

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

MAIDEN NAME OF MOTHER _____

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

BIRTHPLACE OF MOTHER (State or country) Italy

Former or Usual Residence _____
Filed _____ 191____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____

Local Registrar D. McComb
County Registrar Law Butch

(Address) _____
PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL OR REMOVAL _____

UNDERTAKER _____ ADDRESS _____ 19____

Filed JUL 5 1916
Local Registrar _____
County Registrar _____