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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. [illegible]

County Registered No. 267

Local Registrar's No. 68

PLACE OF DEATH

County Greenlee

District Met Calif

Town Or City Met Calif

No. ..... St.

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

FULL NAME Fermen Garcia

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: ~~White~~ ~~Indian~~ ~~Black~~ ~~Chinese~~ Mexican X

SINGLE X ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: unknown (Month) (Day) 191 (Year)

AGE: 25 yrs. ..... mos. ..... days

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

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

BIRTHPLACE (State or country): Old Mexico

PARENTS

NAME OF FATHER: Carmelo Garcia

BIRTHPLACE OF FATHER (State or country): Old Mexico

MAIDEN NAME OF MOTHER: Eugenia Rivara

BIRTHPLACE OF MOTHER (State or country): Old Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jose Garcia

(Address) Met Calif Arizona

PLACE OF BURIAL ~~OR REMOVAL~~: Met Calif Ariz

DATE OF BURIAL ~~OR REMOVAL~~: 9-3- 1916

UNDERTAKER: —

ADDRESS: —

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 2nd (Day) 1916 (Year)

I hereby certify, that I attended deceased from Aug 2 1916 to 9/2nd 1916; that I last saw him alive on Aug 15 1916, and that death occurred on the date stated above at 6 P.M. The DISEASE or INJURY causing death was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... days

Was disease contracted in Arizona? No

If not, where? California

CONTRIBUTORY

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

(Signed) C. E. Pearson

9/8 1916 (Address) Mexican, Ariz

*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. 3 mos. ..... ds. In Arizona ..... yrs. 3 mos. ..... ds.

Former or Usual Residence Las Angeles Calif.

Filed 9-2- 1916 W. F. Burns Local Registrar

Filed 1916 191 [illegible] County Registrar

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.