

2763

441

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~1079~~

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 300

Local Registrar's No.

PLACE OF DEATH

County Santa Cruz

District

Town Or City Nogales

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

FULL NAME Santos Avila

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.

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH (Month) (Day) (Year)

AGE 93 yrs. mos. days hrs., or min. If less than 1 day

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

BIRTHPLACE (State or country) Mexico

NAME OF FATHER Antonov

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL Nogales Ariz DATE OF BURIAL OR REMOVAL Dec 30th 1916

UNDERTAKER Geo B Markt ADDRESS Nogales

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 27 1916 to Dec 29 1916; that I last saw him alive on Dec 29 1916, and that death occurred on the date stated above at 4 P.M. The DISEASE or INJURY causing Death was as follows: Arterio Sclerosis, Anemia Chronic Brights

(Duration) yrs. mos. days

Was disease contracted in Arizona? If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) W. F. Chenoweth 12/30 1916 (Address) Nogales 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. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence

Filed Jan 5 1917 J. P. Hannah Local Registrar

Filed 1/9 1917 W. F. Chenoweth County Registrar