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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.

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 553

County Registered No. 154

Local Registrar's No. 76

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County Greenlee
District Miami
Town _____
Or City _____

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

FULL NAME Gabriel Abate

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	Color or Race White Indian Black Chinese <u>Mexican</u>	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>May 29</u> 191 <u>7</u> (Month) (Day) (Year)		
DATE OF BIRTH _____ 191____ (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>5/20/17</u> 191 <u>7</u> to <u>5/29</u> 191 <u>7</u> ; that I last saw him <u>alive</u> on <u>5/28</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>4 A.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Pneumonia-pneumonia</u> <u>and Enteritis</u>		
AGE <u>1</u> yrs. <u>0</u> mos. <u>0</u> days If less than 1 day hrs., or <u>0</u> min.			(Duration) _____ yrs. <u>15</u> mos. <u>5</u> 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? <u>Yes</u> If not, where? _____		
BIRTHPLACE (State or country) <u>Arizona</u>			CONTRIBUTORY <u>Muscles</u> (Duration) _____ yrs. <u>30</u> mos. _____ days		
PARENTS	NAME OF FATHER <u>Gabriel Abate</u>		(Signed) <u>J. J. Stewart</u>		
	BIRTHPLACE OF FATHER (State or Country) <u>Italy</u>		<u>5/29</u> 191____ (Address) <u>Miami</u>		
	Maiden Name of Mother <u>Angela Bejala</u>		*If death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
		BIRTHPLACE OF MOTHER (State or Country) <u>Italy</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
The Above Is True to the Best of My Knowledge (Informant) _____ (Address) _____			Former or Usual Residence Filed _____ 191____ <u>D. M. Moore</u> Local Registrar		
PLACE OF BURIAL OR REMOVAL <u>Franklin Cemetery</u>		DATE OF BURIAL <u>May 30</u> 191 <u>7</u>			
UNDERTAKER		ADDRESS <u>Franklin Cemetery</u>			
			JUN 9 1917 191____ <u>L. C. Buntch</u> County Registrar		