

2068

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

BUREAU OF VITAL STATISTICS

State Index No. 520

District Mogee
Town
Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 265

Local Registrar's No. 134

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

FULL NAME Josue Gutierrez Jr.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH 10 24 1918
(Month) (Day) (Year)

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

I hereby certify, that I attended deceased from 10/20 1918 to 10/24 1918; that I last saw him alive on 10/24 1918, and that death occurred on the date stated above at 9A M. The DISEASE or INJURY causing death was as follows: Broncho-pneumonia

AGE 3 yrs. _____ mos. _____ days If less than 1 day _____ hrs., or _____ min.

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

BIRTHPLACE (State or country) Mogee

NAME OF FATHER Edna's father

BIRTHPLACE OF FATHER (State or country) Mogee

NAME OF MOTHER Dolores

BIRTHPLACE OF MOTHER (State or country) Mogee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____ (Address) _____

PLACE OF BURIAL OR REMOVAL Mogee DATE OF BURIAL OR REMOVAL Oct 25 1918

UNDERTAKER _____ ADDRESS _____

(Duration) _____ yrs. _____ mos. _____ days

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

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

(Signed) F. E. Stanton
10/24 1918 (Address) Mogee

*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 Oct 25 1918 D. M. Banta Local Registrar

Filed Nov. 7 1918 Dr. L. A. Burtak County Registrar