2581

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 138
County Registered No. 26
Local Registrar's No. 29

PLACE OF DEATH
County Greenlee
District
Town Morenci
Or City

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

FULL NAME Jesus Talamantes

WRITE PLAINLY, WITH BLACK INDELIBLE 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) _____ 191__ (Year)

AGE 54 yrs. ____ mos. ____ days. If less than 1 day ____ hrs., or ____ min.

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

PARENTS
NAME OF FATHER Dont know
BIRTHPLACE OF FATHER (State or Country) Mexico
MAIDEN NAME OF MOTHER Dont know
BIRTHPLACE OF MOTHER (State or Country) Mexicy

The Above Is True to the Best of My Knowledge
(Informant) _____
(Address) _____

PLACE OF BURIAL OR REMOVAL Morenci
DATE OF BURIAL OR REMOVAL Feb 20 1919
UNDERTAKER
ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Feb 7 1919 to Feb 19 1919; that I last saw him alive on Feb 19 1919, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing Death was as follows:
Sues of Brain
(Duration) ____ yrs. ____ mos. ____ days 12

Was disease contracted in Arizona? yes
If not, where? _____
CONTRIBUTORY _____
(Duration) ____ yrs. ____ mos. ____ days

(Signed) G M Blatchwick
Feb 20 1919 (Address) Morenci

*In death 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 Feb 20 1919 D M Cowan
Local Registrar

Filed MAR 13 1919
L. A. [illegible] M.D.
County Registrar