1970

FILL OUT ALL BLANKS

GE 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

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ity Metcalf

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 189

County Registered No. 85

Local Registrar's No.

## ORIGINAL CERTIFICATE OF DEATH

No. St.

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

FULL NAME Rosendo Ynojas

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

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

AGE 33 yrs ____ mos ____ days | If less than 1 day ____ hrs., or ____ min.

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

BIRTHPLACE (State or country): Mexico ~~Arizona~~

NAME OF FATHER

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 | DATE OF BURIAL OR REMOVAL ____ 191__

ERTAKER | ADDRESS

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1920 (Month) (Day) (Year)

I hereby certify, that I attended deceased from ____ 191__ to ____ 191__; that I last saw h____ alive on ____ 191__, and that death occurred on the date stated above at ____ M. The DISEASE or INJURY causing Death was as follows: accidentally killed in mine

____ (Duration) ____ yrs ____ mos ____ days

Was disease contracted in Arizona? ____

If not, where? ____

CONTRIBUTORY ____

____ (Duration) ____ yrs ____ mos ____ days

(Signed) E. J. Rowan

4/1 1920 (Address) Metcalf

*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 4-2 1920 Henry T. Bingham, Local Registrar

Filed 4-5- 1920 L. A. W. Burtch, County Registrar