

7561

FILL OUT ALL BLANKS. 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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

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

State Index No. 116
 County Registered No. 282
 Local Registrar's No. 132

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Paruvala Diaz

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>7</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Aug 21st</u> 19 <u>20</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May</u> 19 <u>67</u> (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: <u>Tuberculosis</u>	
AGE <u>53</u> yrs. <u>4</u> mos. _____ days hrs., or _____ min. If less than 1 day _____			Death, was as follows: <u>Tuberculosis</u> (Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>no</u> If not, where? <u>Mexico</u>	
BIRTHPLACE (State or country) <u>Coatlan Mex</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days (Signed) _____ 191____ (Address) _____	
PARENTS	NAME OF FATHER <u>Florentino Diaz</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>Coatlan</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER _____		Former or Usual Residence Filed <u>Aug 22nd 1920</u> <u>H. T. Bingham</u> Local Registrar	
BIRTHPLACE OF MOTHER (State or Country) _____			The Above Is True to the Best of My Knowledge (Informant) <u>Ramon Torres</u> (Address) <u>Metcalf Arizona</u>	
The Above Is True to the Best of My Knowledge (Informant) _____ (Address) _____			PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL <u>Aug 22nd 1920</u>	
UNDERTAKER ADDRESS _____			Filed <u>9-4</u> <u>Robert B. Carter, M.D.</u> County Registrar	