603

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. [illegible]
County Registered No. 12
Local Registrar's - No.

PLACE OF DEATH
County Gila
District F Miami
Town ~~or City~~ Miami

No. 48 A Davis St.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

FULL NAME Ambrosio Abila

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Dec (Month) 7th (Day) 1899 (Year)

AGE: 21 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): —

BIRTHPLACE (State or Country): Mexico

PARENTS
NAME OF FATHER: Emilio Abila
BIRTHPLACE OF FATHER (State or Country): Mexico
MAIDEN NAME OF MOTHER: Flabia Villegas
BIRTHPLACE OF MOTHER (State or Country): Mexico

The Above is True to the Best of My Knowledge.
(Informant)
(Address)

PLACE OF BURIAL ~~OR REMOVAL~~: Globe Ariz
DATE OF BURIAL ~~OR REMOVAL~~: Jany. 15th 1921
UNDERTAKER: T. L. Jones & Son
ADDRESS: Globe, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. (Month) 14th (Day) 1921 (Year)

I hereby certify that I attended deceased from Jan 8 1921, to Jan 14 1921; that I last saw him alive on Jan 8 1921, and that death occurred on the date stated above at 6 A.M. The DISEASE or INJURY causing death was as follows: Tuberculosis, Pulmonary, Chronic

(Duration) 1 yrs. ... mos. ... days

Was disease contracted in Arizona? Yes

If not, where? —

CONTRIBUTORY

(Duration) ... yrs. ... mos. ... days

(Signed) Fr. F. Miller

Jan. 19 1921 (Address) Miami Ariz.

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death 1 yrs. ~~mos. ds.~~ In Ariz. 2 yrs. 6 mos. ds.
Former or Usual Residence Ray, Arizona

Filed Jan 26 1921 B. W. Hardy M.D. Local Registrar.

Filed Feb 5 1921 B. G. Fox County Registrar.

H202