

2020

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

State Index No. 412

ORIGINAL CERTIFICATE OF DEATH

County Casa Grande District _____
Town Ray Or City _____

County Registered No. _____
Local Registrar's No. _____

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

FULL NAME Angelo Chemet - Chemet

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>Italian</u> White Indian Black Chinese Mexican	SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED or DIVORCED	DATE OF DEATH <u>March 8 1921</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Jan 20 1898</u> (Month) (Day) (Year)		I hereby certify, that I attended deceased from _____ 191____ to _____ 191____; that I last saw him alive on _____ 191____, and that death occurred on the date stated above at <u>1:35</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>Fracture of skull</u> <u>by blow from an axe</u> <u>Homicide</u> (Duration) _____ mos. _____ days.	
AGE <u>23</u> yrs. _____ mos. _____ days hrs., or _____ min. If less than 1 day -		Was disease contracted in Arizona? _____	
OCCUPATION (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>Ray con. co.</u>		If not, where? _____	
BIRTHPLACE (State or country) <u>Italy</u>		CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days.	
NAME OF FATHER <u>Gabriel Chemet</u>		(Signed) <u>E. A. French</u> <u>Coroner</u> 1921 (Address) <u>Ray Arizona</u>	
BIRTHPLACE OF FATHER (State or Country) <u>Italy</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER <u>Antonia Dell'Acqua</u>		LENGTH OF RESIDENCE At place of death <u>7</u> yrs. _____ mos. _____ ds. In Arizona <u>7</u> yrs. _____ mos. _____ ds. Former or Usual Residence <u>Ray</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Italy</u>		Filed <u>3-9 21</u> <u>B. H. Gorman</u> Local Registrar	
The Above is True to the Best of My Knowledge (Informant) <u>John Chemet</u> (Address) <u>Ray Ariz</u>		Filed <u>4/17</u> 19 <u>21</u> <u>W. E. Laubach</u> County Registrar	
PLACE OF BURIAL OR REMOVAL <u>Ray Con. Co.</u>	DATE OF BURIAL OR REMOVAL <u>March 10 1921</u>		
UNDERTAKER <u>Robert W. ...</u>	ADDRESS <u>Ray Ariz</u>		