216

WRITE PLAINLY, WITH UNFADING 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - No. 201

County Registered No. 1112

Local Registrar's - No. 10579

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District, Town Or City Phoenix

No. Arizona Deaconess Hospital

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

FULL NAME Seferino Monte

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: Oct 22nd 1883 (Month) (Day) (Year)

AGE: 37 yrs. 9 mos. 5 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): Spain

PARENTS
NAME OF FATHER: Modoso Monte
BIRTHPLACE OF FATHER (State or Country): Spain
MAIDEN NAME OF MOTHER: Josefa Ranvana
BIRTHPLACE OF MOTHER (State or Country): Spain

The Above is True to the Best of My Knowledge.

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL: Congress, Ariz.

DATE OF BURIAL OR REMOVAL: July 27th 1921

UNDERTAKER: H. M. Mauss

ADDRESS: 311 N. 1st Ave.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27th 1921 (Month) (Day) (Year)

I hereby certify that I attended deceased from 7-21-21 192..., to 7-27 1921; that I last saw him alive on 7-27 1921, and that death occurred on the date stated above at 4:30 A.M. The DISEASE or INJURY causing death was as follows:

Obstruction of bowels.

(Duration) 6 days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

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

(Signed) [illegible]

7-27 1921 (Address) Phoenix

*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. 6 ds. In Ariz. Unknown yrs. ...mos. ...ds.

Former or Usual Residence Congress, Ariz.

Filed July 27 1921 [illegible] Local Registrar.

Filed Aug 2 1921 [illegible] County Registrar.