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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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County <u>Cochise</u>	District <u>Douglas</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>28</u>
Town <u>Douglas</u>	Or City <u>Douglas</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's No. <u>548</u>
No. <u>810-7th</u>		Local Registrar's - No. _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
FULL NAME <u>Santiago Vindola</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian Black <u>Chinese</u> Mexican	DATE OF DEATH <u>January 25</u> 192 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH _____	SINGLE MARRIED WIDOWED or DIVORCED	I hereby certify that I attended deceased from _____ 192 <u>2</u> , to _____ 192 <u>2</u> ; that I last saw h_____ alive on _____ 192 <u>2</u> , and that death occurred on the date stated above at <u>11:20 P.</u> M. The DISEASE or INJURY causing death was as follows: <u>Gun shot wound of head (Self inflicted with suicidal intent)</u>	
AGE <u>31</u> yrs. _____ mos. _____ days _____ hrs., or _____ min.	Occupation (a) Trade, profession or particular kind of work <u>Salesman</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>Wm Hamilton Furniture Store</u>	Was disease contracted in Arizona? <u>No</u> If not, where? _____	
BIRTHPLACE (State or Country) <u>Arizona</u>	NAME OF FATHER <u>Santiago Vindola</u>	CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE OF FATHER (State or Country) <u>Mexico</u>	MAIDEN NAME OF MOTHER <u>Antonia Vindola</u>	(Signed) <u>Blausey</u> <u>1/27</u> 192 <u>2</u> (Address) <u>Douglas</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Mexico</u>	The Above is True to the Best of My Knowledge. (Informant) <u>Miles Standich</u> (Address) <u>Box 247</u>	*If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.	
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>	DATE OF BURIAL OR REMOVAL <u>Jan 27th</u> 192 <u>2</u>	LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Ariz. <u>7</u> yrs. _____ mos. _____ ds.	
UNDERTAKER <u>Morton Co</u>	ADDRESS <u>Douglas</u>	Former or Usual Residence _____	
		Filed <u>1/27</u> 192 <u>2</u> <u>Blausey</u> Local Registrar.	
		Filed <u>1/28</u> 192 <u>2</u> <u>R B Welfer</u> County Registrar.	