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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

BUREAU OF VITAL STATISTICS

County Groverlee
District Duncan
Town Duncan
Or City Duncan

State Index No. 164

County Registered No. 22
Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Josi P Amiola

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male
Color or Race White
SINGLE MARRIED
WIDOWED
or DIVORCED

DATE OF DEATH March 15, 1922
(Month) (Day) (Year)

DATE OF BIRTH Mar 9 1873
(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: Influenza

AGE 47 yrs. ... mos ... days | If less than 1 day... hrs., or ... min.

OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed or (employer) H.P.B.

(Duration) ... yrs ... mos ... days
Was disease contracted in Arizona? No

BIRTHPLACE (State or country) Namiquipa Mexico

If not, where? ...

NAME OF FATHER Anastasio Amiola

CONTRIBUTORY No Medical Attention
(Duration) ... yrs ... mos ... days

BIRTHPLACE OF FATHER (State or country) Mexico

(Signed) Agnus M. Ke Wallace
Mar 27 1922 (Address) Duncan Arizona

MAIDEN NAME OF MOTHER Lorena Sotelo

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (State or country) Mexico

LENGTH OF RESIDENCE
At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds.

The Above is True to the Best of My Knowledge
(Informant) Agnus M. Ke Wallace
(Address) Duncan Ariz

Former or Usual Residence
Filed 4/12 - 1922 Agnus M. Ke Wallace
Local Registrar.

PLACE OF BURIAL OR REMOVAL Duncan
DATE OF BURIAL OR REMOVAL Mar 16 1922

Filed 4/9 1922 Ray Birtch
County Registrar.

UNDERTAKER ADDRESS