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PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County Graham  
District Duncan  
Town Duncan  
Or City Duncan

State Index No. 25  
County Registered No. 25  
Local Registrar's No.         

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Asencion Arriola

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White SINGLE MARRIED  
Black Indian WIDOWED  
Mexican Chinese or DIVORCED

DATE OF BIRTH July 23 1905  
(Month) (Day) (Year)

AGE 17 yrs.          mos.          days If less than 1 day  
hrs., or          min.

OCCUPATION  
(a) Trade, profession or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed or (employer)         

BIRTHPLACE (State or country) Hamiquipa Mexico

NAME OF FATHER Josi P Arriola

BIRTHPLACE OF FATHER (State or country) Hamiquipa Mexico

MAIDEN NAME OF MOTHER Josefa Ramoo de Arriola

BIRTHPLACE OF MOTHER (State or country) Hamiquipa Mexico

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

PLACE OF BURIAL OR REMOVAL Duncan DATE OF BURIAL OR REMOVAL Mar 22 1922

UNDERTAKER None ADDRESS         

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1922  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar 21 1922 to Mar 22 1922; that I last saw him alive on Mar 22 1922, and that death occurred on the date stated above at 9 P.M. The DISEASE or INJURY causing Death was as follows: Pneumonia following Influenza  
(Duration)          yrs.          mos.          days

Was disease contracted in Arizona? No  
If not, where?         

CONTRIBUTORY Lack of medical attention (Duration)          yrs.          mos.          days  
(Signed) Agnes M. Wallace M.D.  
Mar 27 1922 (Address) Duncan Arizona

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

LENGTH OF RESIDENCE Don't know  
At place of death          yrs.          mos.          ds. In Arizona          yrs.          mos.          ds.  
Former or Usual Residence         

Filed 4/2 22 Eugene J. Jones  
Local Registrar

Filed 4/9 22 Law Burtch  
County Registrar