

2250

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Pima

BUREAU OF VITAL STATISTICS

State Index - - - No. 113

District \_\_\_\_\_

ORIGINAL CERTIFICATE OF DEATH

County Registrar's - No. \_\_\_\_\_

Town or City Metcal

Local Registrar's - No. 2

No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marcelo Alvarez

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)

Length of residence in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Jan 16 1875

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Stockman (b) General nature of industry, business or establishment in which employed (or employer) Rancher (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Chihuahua (State or country) Mexico

10. NAME OF FATHER Marcelo Alvarez

11. BIRTHPLACE OF FATHER Chihuahua (city or town) Mex (State or country)

12. MAIDEN NAME OF MOTHER Maria Jaime

13. BIRTHPLACE OF MOTHER Chihuahua (city or town) Mexico (State or country)

14. Informant (Address) A. O. Chavez Metcal

15. Filed 2-17, 1925 M. D. Anderson Local Registrar. Filed 2-13, 1925 M. D. Anderson County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov. 25 1944

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1944 to \_\_\_\_\_ 1944

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1944

and that death occurred, on the date stated above, at 3 p m. The CAUSE OF DEATH was as follows:

Chr. Pulmonary Tuberculosis.

CONTRIBUTORY (Secondary) 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Edward Cox M. D. \_\_\_\_\_ 1945 (Address) Elizton

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_