

2115

MARGIN RESERVED FOR BINDING. 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 Pinal District _____ Town or City Glendale No. _____ St. _____ Ward _____
BUREAU OF VITAL STATISTICS State Index - - - No. 402
County Registrar's - No. _____
Local Registrar's - No. 4
ORIGINAL CERTIFICATE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Miguel S Arcacitas
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR or RACE Mexican 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single
6. DATE OF BIRTH (month, day and year) April 29 - 1904
7. AGE Years 20 Months 11 Days 12 IF LESS than 1 day... hrs. or... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none (b) General nature of industry, business or establishment in which employed (or employer) none (c) Name of employer
9. BIRTHPLACE (city or town) Morenci Ariz (State or country)
10. NAME OF FATHER Severino Arcacitas
11. BIRTHPLACE OF FATHER Guadalupe (city or town) (State or country) Chihuahua Mex
12. MAIDEN NAME OF MOTHER Francis Delgado
13. BIRTHPLACE OF MOTHER Clifton Ariz (city or town) (State or country)

16. DATE OF DEATH (month, day, and year) April 11 - 1925
17. I HEREBY CERTIFY. That I attended deceased from March 20, 1925 to April 6, 1925 that I last saw h. MAN alive on April 6, 1925 and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH* was as follows: Leukemia
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.
18. Where was disease contracted yes if not at place of death? no
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed disease? _____ (Signed) J. P. ... M. D. 19 _____ (Address) Glendale Ariz
* 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.)

14. Informant Sandra ... (Address) _____
15. Filed 7/20, 1925 B. P. ... Local Registrar.
Filed _____, 19 _____ County Registrar.
V. S. No. 1

19. PLACE OF BURIAL, CREMATION OR REMOVAL Catholic DATE OF BURIAL Apr 12 1925
20. UNDERTAKER D. C. Martin ADDRESS Glendale