

4535

MARGIN RESERVED FOR BINDING
N. B.—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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - - No. 83
County Registrar's - No. 187
Local Registrar's - No. 187

ORIGINAL CERTIFICATE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street number)

1. County Gila
District Globe
Town or city Globe

2. FULL NAME Gabriel J. Arvizu
(a) Residence. No. 237 Santa St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. if of foreign birth 59 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Widower</u>		16. DATE OF DEATH (month, day, and year) <u>10/9 1925</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>10/9</u> _____ 192 <u>5</u> to <u>10/9</u> 192 <u>5</u> that I last saw him alive on _____ 19 <u>25</u> and that death occurred, on the date stated above, at <u>8:15 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Heart trouble, chief</u> <u>cause. Had anginal</u> <u>attacks of heart trouble</u> <u>for several years</u> (duration) _____ yrs. _____ mos. _____ da.	
6. DATE OF BIRTH (month, day and year) <u>8/</u>				CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ da.	
7. AGE		Years <u>76</u>	Months <u>-</u>	Days <u>-</u>	18. What was disease contracted if not at place of death? <u>NO</u>
		IF LESS than 1 day or min.	Did an operation precede death? _____ date of _____ Was there an autopsy? _____		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Musician</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____				What test confirmed diagnosis? Signed <u>G. E. W. [unclear]</u> M. D. <u>10/9 1925</u> (Address)	
9. BIRTH PLACE (city or town) <u>State of Sonora</u> (State or Country) <u>Mexico</u>				* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicide. (See reverse side for additional space.)	
10. NAME OF FATHER <u>Jose Arvizu</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Globe</u> DATE OF BURIAL <u>10/12 1925</u>	
11. BIRTHPLACE OF FATHER <u>Lower Calif., Mexico</u> (State or country) <u>Lower Calif., Mexico</u>				20. UNDERTAKER <u>James Universal Funerals</u> <u>Fred H. Jones, Mgr.</u>	
12. MAIDEN NAME OF MOTHER <u>Jesús Deliz</u>				ADDRESS <u>Globe, Ariz.</u>	
13. BIRTHPLACE OF MOTHER <u>Lower Calif., Mexico</u> (State or country) <u>Lower Calif., Mexico</u>					
14. Informant (Address) <u>Jose Arvizu</u> <u>Globe, Ariz.</u>					
15. Filed <u>10/9/25</u> <u>W. H. Host</u> Local Registrar.					
V. S. No. 1 _____ 19____ County Registrar.					