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Affidavit attached

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PLACE OF DEATH

1. County Greenlee

District

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

ORIGINAL CERTIFICATE OF DEATH

Index - - - No. 122

County Registrar's - No.

Local Registrar's - No. 74

2. FULL NAME John Marietti

(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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Rwara Canarse

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

7. AGE: 5 Years 2 Months 5 Days 24 IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10. NAME OF FATHER Giacomo Marietta

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

12. MAIDEN NAME OF MOTHER Domenica Marietta

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

14. Informant (Address) Jno Marietta

15. Filed Jan 9, 1926 [signature] Local Registrar.

Filed , 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 8 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1926 to Jan 8, 1926 that I last saw him alive on Jan 8, 1926 and that death occurred, on the date stated above, at 7 P m. The CAUSE OF DEATH* was as follows:

Acute Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed E. J. Gungle M. D.

1/9 1926 (Address) Morenci

* 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: Fraternal Cemetery

DATE OF BURIAL: Jan 10 1926

20. UNDERTAKER: [illegible]

ADDRESS: Clifton

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.