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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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District Wilcox
Town or City Gleason

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - - No. 47-48
County Registrar's - - No. 13
Local Registrar's - - - No. 13

2. FULL NAME Francisco Carillo
(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 16 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 Spanish 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed
(Write the word)
5a. If married, widowed, or divorced HUSBAND of Maria Lopez
6. DATE OF BIRTH (month, day and year) Oct 4 - 1885
7. AGE Years 41 Months 4 Days 22 IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mined
(b) General nature of industry, business or establishment in which employed (or employer) Jaroy
(c) Name of employer Mina

9. BIRTHPLACE (city or town) Jaroy (State or country) Mina
10. NAME OF FATHER Ragnal Carillo
11. BIRTHPLACE OF FATHER _____ (city or town) _____ (State or country)
12. MAIDEN NAME OF MOTHER Bigida Carillo
13. BIRTHPLACE OF MOTHER _____ (city or town) _____ (State or country)

14. Informant Alan Madrid (Address) Gleason
15. Filed Feb 26 1926 Local Registrar.
Filed _____ 19____ County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 26 19 26
17. I HEREBY CERTIFY, That I attended deceased from 2/24 1926 to 2/25 1926 that I last saw him alive on 2/25 1926 and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:
Lobar Pneumonia
(duration) _____ yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.

18. Where was disease contracted Yes if not at place of death?
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Culture
(Signed) Antonio Lopez M. D. Feb 1/26 (Address) Feb 1/26
* 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 Gleason DATE OF BURIAL Feb 26 19 26
20. UNDERTAKER Local Help ADDRESS Gleason