

27

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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH Gila County Globe State Arizona State File No. 95
 District or Township Globe or Village _____ Registered No. 141
 City Globe No. 480 North St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Teodoro Chavez
 (a) Residence No. 480 North St (Usual place of abode) St. _____ Ward _____
 (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. if of foreign birth? 15 yrs. — mos. — ds.

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>Married</u>		16. DATE OF DEATH (month, day, and year) <u>12/15 1927</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Espiridiona Chavez</u> (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 11, 1927</u> to <u>Dec. 14, 1927</u> that I last saw him alive on <u>Dec. 14, 1927</u> and that death occurred, on the date stated above, at <u>1:45 a. m.</u> The CAUSE OF DEATH* was as follows: <u>Tobar pneumonia</u>	
6. DATE OF BIRTH (month, day and year) <u>2/10/1885</u>	7. AGE Years <u>42</u> Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.	8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____		CONTRIBUTION OF <u>Chronic Bronchitis - Asthma</u> (duration) <u>3</u> yrs. <u>2 1/2</u> mos. _____ ds.	
9. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				18. Where was disease contracted if not at place of death? <u>at home</u> Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Physical Examination</u> (Signed) <u>J. C. Harper</u> M. D. (Address) <u>Globe, Ariz.</u>	
10. NAME OF FATHER <u>Manuel Lopez</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 Homicidal. (See reverse side for additional space.)	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Mexico</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Globe General Cem</u>	
12. MAIDEN NAME OF MOTHER <u>Martina Ramirez</u>				DATE OF BURIAL <u>12/16/27</u>	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Mexico</u>				20. UNDERTAKER <u>Jones Funeral Home</u>	
14. Informant <u>Ascencion Esparca</u> (Address) <u>Globe, Ariz.</u>				ADDRESS <u>Globe, Ariz.</u>	
15. Filled <u>12-31-27</u> <u>N. N. Hunt</u> Registrar.					