2668

BUREAU OF VITAL STATISTICS

# ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 58

Registered No. 40

1. PLACE OF DEATH

County Gila State Arizona

District or Township or Village or

City Globe No. 159 Euclid St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Marco Yovetich

(a) Residence. No. 159 Euclid 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 20 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: Sofia Yovetich

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

7. AGE: Years 55 Months — Days — IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Miner

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer: O.D. Co

9. BIRTHPLACE (city or town) (State or country): Montenegro

PARENTS

10. NAME OF FATHER: Nick Yovetich

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

12. MAIDEN NAME OF MOTHER: Maria Yovetich

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

14. Informant: Nick Pavlicevich

(Address): Globe, Arizona

15. Filed 8/9, 1929 L. E. Wightman Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 3 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1927 to July 3, 1929, that I last saw him alive on July 1, 1929, and that death occurred, on the date stated above, at 8:45 a.m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

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

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory Examination

(Signed) T. C. Harper M. D.

19 (Address) Globe, Arizona

* 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: Globe Cemetery

DATE OF BURIAL: July 5-29

20. UNDERTAKER: Jones Funeral Home

ADDRESS: Globe, Ariz.

3 22669

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.

MARGIN RESERVED FOR BINDING