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MARGIN RESERVED FOR BINDING  
FULLY SUPPLIED. 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  
 County Gila State Arizona State File No. 83  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Local Registrar's No. 256  
 City Miami No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Alvaro Arriola St. \_\_\_\_\_ Ward \_\_\_\_\_

(a) Residence, No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident, give city or town and State)  
 How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single  
 (Write the word)

6a. If married, widowed, or divorced. HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

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

7. AGE Years Months Days IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (city or town) Metcalf (State or country) Ariz

10. NAME OF FATHER A Arriola (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

11. BIRTHPLACE OF FATHER Mex (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Petra Melendez (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

13. BIRTHPLACE OF MOTHER Mexico (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

14. Informant \_\_\_\_\_ (Address) \_\_\_\_\_

15. Filled Sept 14, 1929 L. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 13 1929 Month \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1929 to Sept 12, 1929 that I last saw him alive on Sept 12, 1929 and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH\* was as follows:  
Epidemic Cerebro-Spinal Meningitis.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 24 ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? no Date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis? Chemical symptoms  
 (Signed) D. A. Lane, M. D. (Address) Miami Ariz

\* 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 Pink Cemetery DATE OF BURIAL Sept 14 29

20. UNDERTAKER J Ney Miles ADDRESS Miami