1004

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

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 540

Local Registrar's No. 14

1. PLACE OF DEATH

County Pinal State Arizona

District or Township ..... or Village .....

City Florence No. State Prison St., ... Ward

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

2. FULL NAME Refugio Macias

(a) Residence, No. State Prison 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 yrs. 11 mos. 4 ds. How long in U. S. if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: Mexican

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

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

7. AGE: Years 43 Months 8 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) Copper Mining

(c) Name of employer Phelps-Dodge Corpn

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. Informant Records-Arizona State

(Address) Prison-Florence, Ariz

15. Filed 4-5-, 1930 D. O. Martin Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mch 7 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 7, 1930 to Mch 7, 1930 that I last saw him alive on Mch 7, 1930 and that death occurred on the date stated above, at 5 11 a.m. The CAUSE OF DEATH* was as follows:

Legal Execution (Hanging)

..... (duration) — yrs. ..... mos. ..... 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? Clinical

(Signed) L. A. Lane, M. D.

Mch 7 1930 (Address) Florence 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: Prison Cemetery

DATE OF BURIAL: Mar 7-30

20. UNDERTAKER: Prison Authorities

ADDRESS: Florence