790

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

State File No. 131

1. PLACE OF DEATH

County Greenlee State Arizona Registered No.

District or Township or Village or

City Duncan No. St., Ward

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

2. FULL NAME Louis Aguila

(a) Residence, No. Duncan Ariz. 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. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	95	1	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work To Old to

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

(c) Name of employer None

9. BIRTHPLACE (city or town) Lanas D Monia

(State or country) Mexico

PARENTS

10. NAME OF FATHER Lusiano Aguila

11. BIRTHPLACE OF FATHER Lana De Monia (city or town)

(State or country) Mexico

12. MAIDEN NAME OF MOTHER Basilia

13. BIRTHPLACE OF MOTHER Lana De Monia (city or town)

(State or country) Mexico

14. Informant Germo Rivales

(Address) Duncan Arizona

15. Filed July 27, 1930 Eugene Pommey Registrar

3/22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 27 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 6.30 A.m. The CAUSE OF DEATH* was as follows:

Old Age

No physician in attendance

(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? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Pommey M.D. Local Registrar

July 28 1930 (Address)

* 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	DATE OF BURIAL
Duncan Ariz	July 28-30
20. UNDERTAKER	ADDRESS
Family	Duncan

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