

1296

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 108  
County Registrar's No. 44  
Local Registrar's No. 44

PLACE OF DEATH

1. County Greenlee  
District \_\_\_\_\_  
Town or City Moroni

2. FULL NAME Manuel Moran  
(If death occurred in a hospital or institution, give its NAME instead of street number)  
(a) Residence. No. Moroni St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 11 yrs. mos. ds. (If nonresident, give city or town and State)  
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCE Widower  
(Write the word)

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

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

7. AGE Years 48 Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than I do \_\_\_\_\_ yrs. or \_\_\_\_\_ mi.

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 \_\_\_\_\_

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

10. NAME OF FATHER Sant Juan

11. BIRTHPLACE OF FATHER Mexico (city or town)

12. MAIDEN NAME OF MOTHER Sant Juan

13. BIRTHPLACE OF MOTHER Mexico (city or town)

14. Informant (Address) John Moran

15. Filed 8-14-30 Bill Moran Local Registrar.  
V. S. No. 1 \_\_\_\_\_ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8/14 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on 8/13 1930

and that death occurred, on the date stated above, at 4 P. M.  
The CAUSE OF DEATH\* was as follows:  
Silicosis.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) 2 yrs. mos. ds.  
7 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? (Signed) Halstead M. D.  
8/14 1930 (Address) Moroni

\* 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 St. Anthony DATE OF BURIAL Aug. 16. 30

20. UNDERTAKER John Moran ADDRESS Moroni

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.