

2538

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Pinal District Ray Town or City Soma

State Index - - - No. 372
County Registrar's - No. _____
Local Registrar's - No. 61

2. FULL NAME Ysaac Agredans
(a) Residence. No. Msame Ray St. _____ Ward _____
Length of residence in city or town where death occurred - yrs. - mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>married</u> (Write the word).
5a. If married, widowed, or divorced HUSBAND of <u>Maura Guerrero</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year) <u>Unknown</u>		
7. AGE <u>32</u> Years	Months _____	Days _____ IF LESS than _____ hrs. or _____ ms.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Miner</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>None</u> (c) Name of employer _____		
9. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		
10. NAME OF FATHER <u>don't know</u>		
11. BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>		
12. MAIDEN NAME OF MOTHER <u>don't know</u>		
13. BIRTHPLACE OF MOTHER (State or country) <u>Mexico</u>		

11. Informant (Address) Maura Guerrero
Msame Ray

15. Filed 10-24, 1930 Local Registrar. O.S. Ulysses

Filed _____, 19____ V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct 7 1930

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 12:50 p.m. The CAUSE OF DEATH* was as follows:
Heart disease (acute)
dilated.
(duration) Died by aneurysm. 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? None.
(Signed) O.S. Ulysses M. D.
1930 (Address) Ray, 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 Main Ariz. DATE OF BURIAL Oct. 7 1930

20. UNDERTAKER Albert Burt ADDRESS Sigma Ariz.

MARGIN RESERVED FOR BINDING
 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.