

2627

MARGIN RESERVED FOR BINDING  
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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index - No. 9  
County Registrar's - No. \_\_\_\_\_  
Local Registrar's - No. \_\_\_\_\_

1. County Cochise  
District Douglas  
Town or city Douglas No. 251-6 St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Jose Carrillo  
(a) Residence. No. 251-6 St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>widowed</u>			16. DATE OF DEATH (month, day, and year) <u>11-2-1930</u>	
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Antonia Arvizu</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>10/20</u> 19 <u>30</u> to <u>11-2</u> 19 <u>30</u> that I last saw him alive on <u>11/1</u> 19 <u>30</u> and that death occurred, on the date stated above, at <u>9 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Valvular heart disease</u>	
7. AGE Years <u>58</u> Months _____ Days _____	8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Labor</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Paper</u> (c) Name of employer <u>B. Adman</u>				CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>					18. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>no</u> date of _____ Was there an autopsy? <u>no</u>	
10. NAME OF FATHER <u>Not known</u>					What test confirmed diagnosis? <u>Census</u>	
11. BIRTHPLACE OF FATHER _____ (city or town)					Signed <u>J. Carrillo</u> M. D. <u>11/3</u> 19 <u>30</u> (Address) <u>Douglas</u>	
12. MAIDEN NAME OF MOTHER _____					* 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.)	
13. BIRTHPLACE OF MOTHER _____ (city or town)					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Douglas</u> DATE OF BURIAL <u>11-3-1930</u>	
14. Informant <u>Tranquilo Masaroff</u> (Address) <u>251-6 St</u>					20. UNDERTAKER <u>Robert Ames</u> ADDRESS <u>Douglas</u>	
15. Filed <u>11/4</u> 19 <u>30</u> <u>Blaney</u> Local Registrar.						
Filed _____ 19____ County Registrar.						
V. S. No 1						