

567

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
State File No. 533  
Local Registrar's No. 2918

1. PLACE OF DEATH  
County Yavapai State Arizona  
District or Township Prescott or Village  
City Prescott No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Marsellino Espitia  
(a) Residence, No. North Prescott 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 <u>Female</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day and year) <u>7/17/29</u>				
7. AGE <u>I</u>	Years	Months <u>4</u>	Days <u>27</u>	IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (city or town) <u>Prescott</u> (State or country) <u>Arizona</u>				
10. NAME OF FATHER <u>Jose Espitia</u>				
11. BIRTHPLACE OF FATHER <u>Mexico</u> (State or country) (city or town)				
12. MAIDEN NAME OF MOTHER <u>Necranlo Hernandez</u>				
13. BIRTHPLACE OF MOTHER <u>Mexico</u> (State or country) (city or town)				
14. Informant <u>Jose Espitia,</u> (Address) <u>Prescott, Arizona</u>				
15. Filed <u>Dec 16 1930</u> Registrar <u>[Signature]</u>				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH Dec. 14, 1930  
Month Day Year

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH\* was as follows:  
Natural causes  
(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) [Signature] Coroner, M. D.  
Dec. 15/30 Prescott, Az.  
\* 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 <u>Citizens Cemetery</u>	DATE OF BURIAL <u>12/16/30</u>
20. UNDERTAKER <u>Lester Ruffner</u>	ADDRESS <u>Prescott, Az.</u>

MARGIN RESERVED FOR BINDING  
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.