

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.

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

1. PLACE OF DEATH
 County Cochise State Ariz. State File No. 24
 Township Douglas or Village _____ Registered No. 112
 City _____ No. 702-125 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Refugio Vazquez Beaton
 (a) Residence: No. 702-125 St. _____ Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Widowed</u>			21. DATE OF DEATH (month, day, and year) <u>Nov 27, 1937</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 25, 1937</u> , to <u>Nov 27, 1937</u>		
6. DATE OF BIRTH (month, day, and year)					I last saw h ^e alive on <u>Nov 27, 1937</u> , death is said to have occurred on the date stated above, at <u>79</u> m.		
7. AGE	Years <u>75</u>	Months _____	Days _____	If LESS than 1 day, hrs. or min. _____	The principal cause of death and related causes of importance were as follows: <u>Coronary of Stomach</u>	Date of Onset _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				Other contributory causes of importance:		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>						
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>W</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Mex.</u>							
MOTHER	13. NAME _____					Name of operation _____ Date of _____	
	14. BIRTHPLACE (city or town) (State or country) _____					What test confirmed diagnosis? _____ Was there an autopsy? _____	
FATHER	15. MAIDEN NAME _____					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____	
	16. BIRTHPLACE (city or town) (State or country) _____					Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>James Beaton</u> (Address) _____					Manner of injury _____ Nature of injury _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas</u> Date <u>11 27</u> , 19 _____					24. Was disease or injury in any way related to occupation of deceased? _____		
19. UNDERTAKER <u>Family</u> (Address) <u>Douglas, Ariz.</u>					If so, specify _____ (Signed) <u>Witness</u> M. D.		
20. Filed <u>12-1-</u> , 19 <u>37</u> Registrar. _____ (Address) _____							