1035

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.

Alcoholic

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 52

Registered No. 4

1. PLACE OF DEATH County Gila State Arizona or

Township ..... or Village ..... St., ... Ward

City Hayden (If death occurred in a hospital or institution, give its NAME instead of street and number) No.

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joaquin Flores,

(a) Residence: No. Hayden St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Mexican

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adelida Acosta

6. DATE OF BIRTH (month, day, and year): Oct. 1, 1891

7. AGE: Years 40 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Copper Smelter

10. Date deceased last worked at this occupation (month and year): Nov 30, 1931

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): La Dura, Sonora, Mexico.

FATHER

13. NAME: Juan Babtiso Flores,

14. BIRTHPLACE (city or town) (State or country): La Dura, Sonora, Mexico.

MOTHER

15. MAIDEN NAME: Ampara Chavez,

16. BIRTHPLACE (city or town) (State or country): La Dura, Sonora, Mexico.

17. INFORMANT (Address): Juan Flores, Hayden, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Place: Winkelman, Ariz. Date: Jan. 19, 1932

19. UNDERTAKER (Address): P. L. Hutton, Winkelman, Arizona.

20. Filed: Jan. 18th 1932. W. R. Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1931, to Jan. 17th, 1932

I last saw him alive on Jan. 17th., 1932; death is said to have occurred on the date stated above, at 6.20 A.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver,
(a) alcoholic

Date of Onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles P. Hutton, M. D.

(Address) Hayden Ariz