2060

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

State File No. 21

Registered No. 45

1. PLACE OF DEATH

County Cochise

Township Douglas

City Douglas

State Arizona

or Village

No. County Hospital 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 Arvizu

(a) Residence: No. 736 1st Street St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Mex

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Arvizu

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 48 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Co Hospital Records

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Douglas Date 3-12-, 1932

19. UNDERTAKER (Address) Robert Amer Douglas

20. Filed 3/13, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-12-, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to March 12, 1932

I last saw him alive on March 12, 1932; death is said to have occurred on the date stated above, at 12 15 p m.

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

	Date of Onset
Carcinoma of ascending colon	?
Metastatic carcinoma of liver and lungs	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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? No

If so, specify

(Signed) Jack Field M. D.

(Address) 1064 Grave Douglas Ariz