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MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, 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. 97

1. PLACE OF DEATH

County Greenlee State ..... Registered No. 3

Township ..... or Village ..... or

City Morenci No. ..... 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 Mary Savattone

(a) Residence: No. ..... St., ... Ward. .....

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word)

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

6. DATE OF BIRTH (month, day, and year) Feb 4

7. AGE Years 7 | Months 11 | Days 15 | If LESS than 1 day.....hrs. or.....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

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

FATHER

13. NAME Robert Savattone

14. BIRTHPLACE (city or town) Riviera Canavese (State or country) Italy

MOTHER

15. MAIDEN NAME Rosie Vozza

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

17. INFORMANT Robt. Savattone (Address) Morenci

18. BURIAL, CREMATION, OR REMOVAL Place Stabernal Date June 29, 1933

19. UNDERTAKER [illegible] (Address) [illegible]

20. Filed June 29, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Jan 26, 1933

I last saw her alive on Jan 26, 1933; death is said to have occurred on the date stated above, at 2:30 P.m.

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

	Date of Onset
Acute Tonsilitis (Streptoccic)	Jan 11
Other contributory causes of importance: Acute Tubo Glomerulo nephritis + Cardiac failure	Jan 16

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? No

If so, specify .....

(Signed) E. J. Gungle, M. D.

(Address) Morenci