2108

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 14

1. PLACE OF DEATH
County Greenlee State ARIZONA Registered No. 27
Township ..... or Village .....
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 Joseph Mollogue How long in State when death occurred? 30 yrs. ..... mos. ..... ds.
(a) Residence: No. ..... St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Corrinda Vozza
6. DATE OF BIRTH (month, day, and year) Aug 29 1890
7. AGE Years 43 Months 1 Days 14 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine boss Copper Mng Camp
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (state or country) Sago Italy

FATHER
13. NAME Antonio Mollogue
14. BIRTHPLACE (city or town) (State or country) Sago Italy

MOTHER
15. MAIDEN NAME Rosina Peluci
16. BIRTHPLACE (city or town) (State or country) Sago Italy

17. INFORMANT (Address) Mrs. Mariana Granieri Morenci

18. BURIAL, CREMATION, OR REMOVAL
Place Fraternal Cemetery Date Oct 15 1933

19. UNDERTAKER (Address) C. F. Pascoe Clifton

20. Filed Oct 14 1933 D H Hoeusler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Oct 13, 1933
I last saw him alive on Oct 13, 1933; death is said to have occurred on the date stated above, at 7:38 A m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pulmonary Tuberculosis	July 1932

Other contributory causes of importance:

General Anasarca	1 mo

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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? Yes
Underground work in mine
If so, specify .....
(Signed) E J Gungle, M. D.
(Address) Morenci

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information