2199

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. 157
Registered No. 146

1. PLACE OF DEATH
County Maricopa State Arizona
Township or Village
City Mesa 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 0 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
How long in state where death occurred? yrs. mos. ds.

2. FULL NAME Antonio Madrid (Stillborn)
(a) Residence: No. Mesa, Arizona 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)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Oct. 21, 1933
7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mesa (state or country) Ariz.

FATHER
13. NAME Sendo Madrid
14. BIRTHPLACE (city or town) Benson (State or country) Arizona

MOTHER
15. MAIDEN NAME Nella Baabo
16. BIRTHPLACE (city or town) ~~Nogales~~ Moyabe (State or country) Arizona

17. INFORMANT Sendo Madrid (Address) Mesa, Arizona
18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Arizona Date 10/22/33
19. UNDERTAKER None (Father) (Address)
20. Filed Oct. 22, 1933 Registrar

5M 2-8-33 MS-47871

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 21, 1933
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him alive on , 19; death is said to have occurred on the date stated above, at 8:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Premature birth	
probably twin	

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) C. A. Donaldson, M. D.
(Address) Mesa

Back of Certificate to be used for any additional Information