

1104

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

1. PLACE OF DEATH
 County Gila State Arizona State File No. 74
 Township _____ or Village _____ Registered No. 19
 City Miami No. 1145 Sullivan Street 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. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Felipe Ponce How long in state when death occurred? _____ yrs. _____ mos. _____ da.
 (a) Residence: No. 1145 Sullivan Street St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Mar 14, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Elisa Ponce</u>					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 _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>Feb 1903</u>					The principal cause of death and related causes of importance were as follows: <u>Came to his death from gunshot wounds, at the hands of car thief</u>	
7. AGE Years <u>31</u> Months _____ Days _____	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			Date of Onset _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					Other contributory causes of importance: _____	
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) <u>Mexico</u>						
13. NAME <u>Santiago Ponce</u>						
14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>						
15. MAIDEN NAME <u>Francisca Montes</u>						
16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>						
17. INFORMANT <u>Santiago Ponce</u> (Address) <u>Tucson Arizona</u>						
18. BURIAL PLACE <u>Pinal Cemetery</u> Date <u>Mar 16, 1934</u>						
19. UNDERTAKER <u>Miles Mortuary</u> (Address) <u>Miami, Arizona</u>						
20. Filed <u>Apr. 6, 1934</u> <u>C. M. Crow</u> Registrar						
Name of operation _____ Date of _____					What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury <u>Mar 17, 1934</u> Where did injury occur? <u>Miami, Gila County, Ariz.</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>in home</u>						
Manner of injury _____						
Nature of injury _____						
24. Was disease or injury in any way related to occupation of deceased? _____						
If so, specify _____ (Signed) <u>H. J. Melica Coroner, M. D.</u> (Address) <u>Miami, Ariz.</u>						

5M 4-33 MS-47971 Back of Certificate to be used for any additional information