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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. 84
 Township _____ or Village _____ Registered No. 59
 City Globe No. 502 Euclid St. 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 7 yrs. 7 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Amata Pulido How long in State when death occurred? 200 yrs. _____ ds.
 (a) Residence: No. 502 Euclid St. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|---|--|--------|---|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Mexican</u> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) | | | 21. DATE OF DEATH (month, day, and year) <u>Mar 21st, 1934</u> | 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | | | I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>6:00 P.M.</u> | |
| 6. DATE OF BIRTH (month, day, and year) <u>9-0-1933</u> | | | | | The principal cause of death and related causes of importance were as follows: _____ | |
| 7. AGE | | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. | Date of Onset |
| | | <u>7</u> | | | | <u>No request, emigrated by father who had child after death. This person was not a natural death</u> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | | Other contributory causes of importance: | |
| | 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) (state or country) <u>Globe Arizona</u> | | | | | | |
| MOTHER | 13. NAME <u>Martin Pulido</u> | | | | | |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u> | | | | | |
| | 15. MAIDEN NAME <u>Francisca Cano</u> | | | | | |
| FATHER | 16. BIRTHPLACE (city or town) (State or country) <u>Silver City Mexico</u> | | | | | |
| | 17. INFORMANT (Address) <u>Martin Pulido Globe Arizona</u> | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe Cemetery</u> Date <u>3-22-1934</u> | | | | | | |
| 19. UNDERTAKER (Address) <u>Fred H. Jones Globe Arizona</u> | | | | | | |
| 20. <u>March 31</u> _____ Registrar | | | | | | |
| | | | | | 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) <u>E. H. Corona</u> M. D. (Address) _____ | |