

2671

ST. CHON

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..... <u>Gila</u> State..... <u>ARIZONA</u> | | State File No. <u>70</u> | |
| Township..... <u>Globe</u> or Village..... | | | | City..... <u>Globe</u> No. <u>Gila General Hospital</u> St. <u>T. B.</u> Ward..... | | Registered No. <u>59</u> | |
| Length of residence in city or town where death occurred <u>111</u> yrs..... mos..... ds. | | | | (If death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| 2. FULL NAME <u>Tony Rodriguez</u> | | | | How long in U. S. if of foreign birth <u>111</u> yrs..... mos..... ds. | | | |
| (a) Residence: No. <u>Miami, Ariz.</u> | | | | How long in State when death occurred <u>111</u> yrs..... mos..... ds. | | | |
| (Usual place of abode) | | | | St. Ward. (If non-resident 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) | | 21. DATE OF DEATH (month, day, and year) <u>May 18</u> , 19 <u>34</u> | | 22. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 19 <u>34</u> , to <u>May 18</u> , 19 <u>34</u> | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----- | | | | I last saw h. <u>alive</u> on <u>May 18</u> , 19 <u>34</u> death is said to have occurred on the date stated above, at <u>11:00 P. m.</u> | | | |
| 6. DATE OF BIRTH (month, day, and year) ----- | | | | The principal cause of death and related causes of importance were as follows: | | | |
| 7. AGE | Years <u>42</u> | Months | Days | If LESS than 1 day, hrs. or min. | Date of Onset | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | | Pulmonary Tuberculosis | | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | | Shoemaker | | | |
| 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> | | | | Other contributory causes of importance: | | | |
| 13. NAME ----- | | | | Name of operation <u>none</u> Date of ----- | | | |
| 14. BIRTHPLACE (city or town) (State or country) ----- | | | | What test confirmed diagnosis? ----- Was there an autopsy? ----- | | | |
| 15. MAIDEN NAME ----- | | | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury -----, 19----- | | | |
| 16. BIRTHPLACE (city or town) (State or country) ----- | | | | Where did injury occur? ----- (Specify city or town, county and State) | | | |
| 17. INFORMANT <u>Co. Hospital</u> (Address) | | | | Specify whether injury occurred in industry, in home, or in public place. | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Cemetery</u> Date <u>5/21/34</u> | | | | Manner of injury <u>none</u> | | | |
| 19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona</u> | | | | Nature of injury ----- | | | |
| 20. Filed <u>June 8 1934</u> <u>Assoc. Registrar</u> | | | | 24. Was disease or injury in any way related to occupation of deceased? ----- | | | |
| | | | | If so, specify <u>no</u> | | | |
| | | | | (Signed) <u>B. M. Brown</u> , M. D. | | | |
| | | | | (Address) <u>Phoenix, Arizona</u> | | | |