

MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, 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. 644
 Township Globe or Village _____ Registered No. 76
 City Globe No. Gila Co Hospital 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 (Not named) Morales How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence No. Belale Addition Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>M</u>	5. SINGLES, MARRIED, WIDOWED, DIVORCED, (Write the word)			21. DATE OF DEATH (month, day, and year) <u>June 27, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY that I attended deceased from <u>June 27, 1934</u> to <u>June 27, 1934</u> I last saw her alive on <u>June 27, 1934</u> ; death is said to have occurred on the date stated above, at <u>5:30 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Premature Dehydration about 6 months</u> Other contributory causes of importance: _____		
6. DATE OF BIRTH (month, day, and year)		7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
	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) <u>Globe</u> (state or country) <u>Ariz</u>						
MOTHER	13. NAME <u>Florencia Morales</u>					
	14. BIRTHPLACE (city or town) <u>Mexico</u> (State or country)					
	15. MAIDEN NAME <u>Mary Adria</u>					
	16. BIRTHPLACE (city or town) <u>Mexico</u> (State or country)					
17. INFORMANT <u>Florencia Morales</u> (Address) <u>Globe</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe</u> Date <u>June 27, 1934</u>						
19. UNDERTAKER _____ (Address)						
20. Filed <u>Aug 1, 1934</u> by <u>Anna B. Lages</u> Registrar						
					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.	
					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. G. Smith</u> (Address) <u>Globe, Ariz</u>	

20M 4-15-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information