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Dr. Harper
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. 60
 Township _____ or Village _____ Registered No. 68
 City Globe No. Euclid Ave Ward _____
 Length of residence in city or town where death occurred _____ yrs. 6 mos. _____ ds. How long in U. S. if foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME Calistro Moraga How long in State when death occurred? _____ yrs. 8 mos. _____ ds.
 (a) Residence: No. Euclid Ave 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>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Infant</u>		21. DATE OF DEATH (month, day, and year) <u>7/2/34</u> , 19 <u>34</u>	I HEREBY CERTIFY, That I attended deceased from <u>June 25</u> , 19 <u>34</u> , to <u>July 2</u> , 19 <u>34</u> . Last saw him alive on <u>July 2</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>9:00 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Tubercular Meningitis</u> Date of Onset <u>About June, 1934</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year) <u>10-14-1933</u>	7. AGE Years _____ Months <u>8</u> Days _____ If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	22. Name of operation <u>None</u> Date of _____ What test confirmed diagnosis <u>Physical Examination</u> <u>no</u> there an autopsy?	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>	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>Phoenix Arizona.</u>	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.	
MOTHER	13. NAME <u>David Moraga</u>	14. BIRTHPLACE (city or town) (State or country) <u>Globe Arizona.</u>	15. MAIDEN NAME <u>Pilar Sanchez</u>	24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>T. C. Harper</u> M. D. (Address) <u>Globe, Ariz.</u>	
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Christmas Arizona.</u>	17. INFORMANT <u>David Moraga</u> (Address) <u>Globe, Arizona.</u>	18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Globe Cemetery</u> Date <u>7/3/34</u> , 19____		
	19. UNDERTAKER <u>Fred H. Jones</u> (Address) <u>Globe, Arizona.</u>	20. Filed <u>July 16</u> , 19 <u>34</u> <u>Moore R. Egan</u> Registrar			