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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. _____
Township _____ or Village _____ Registered No. 42
City Miami No. _____ 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 Roberto Orta How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(a) Residence: No. 603 Sykes 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>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>July 18, 1934</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>July 18, 1934</u> to <u>July 18, 1934</u> . I last saw <u>him</u> alive on <u>July 18, 1934</u> ; death is said to have occurred on the date stated above, at <u>4 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Enterocolitis</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				Date of Onset <u>July 17/07</u>	
6. DATE OF BIRTH (month, day, and year) <u>June 3, 1934</u>				Other contributory causes of importance: <u>None</u>	
7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. <u>10 15</u>				Name of operation <u>None</u> Date of _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			What test confirmed diagnosis? _____ Was there an autopsy? _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			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____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
10. Date deceased last worked at this occupation (month and year) _____				Manner of injury _____ Nature of injury _____	
11. Total time (years) spent in this occupation _____				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
12. BIRTHPLACE (city or town) <u>Globe</u> (state or country) <u>Ariz.</u>					
MOTHER / FATHER	13. NAME <u>Antonio Macias</u>				
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Mexico</u>				
	15. MAIDEN NAME <u>Eduvigas Orta</u>				
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Mexico</u>				
17. INFORMANT <u>Marty Martinez</u> (Address) <u>Miami Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pinal Cemetery</u> Date <u>July 18, 1934</u>					
19. UNDERTAKER <u>Miles Mortuary</u> (Address) <u>Miami, Arizona</u>					
20. Filed <u>Aug 6, 1934</u> <u>C. M. Crowder</u> Registrar					
21. (Signed) <u>Byrle M. Brown</u> M. D. (Address) <u>Miami Arizona</u>					

20M 4-1933 MS 48294 Form 3 Back of Certificate to be used for any Additional Information