

1059

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
 Township _____ or Village _____
 City Miami No. _____ 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? 25 yrs. _____ mos. _____ ds.

2. FULL NAME Luis Orosco How long in state when death occurred? 25 yrs. _____ mos. _____ ds.
 (a) Residence: No. Bird St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years 37 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. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (unemployed)

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (state or country) Arizona

MOTHER

13. NAME Jesus Orosco

14. BIRTHPLACE (city or town) _____ (State or country) Mexico

15. MAIDEN NAME Gregorio Orosco

16. BIRTHPLACE (city or town) _____ (State or country) Mexico

17. INFORMANT George Mariscal (Address) Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Pinal Cemetery Date Aug. 25 1934

19. UNDERTAKER Miles Mortuary (Address) Miami, Arizona

20. Filed Sept. 6 1934 C. M. Cronmiller Registrar

MEDICAL CERTIFICATE OF DEATH Aug. 22

21. DATE OF DEATH (month, day, and year) Aug. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above at abt. 7 a.m.

The principal cause of death and related causes of importance were as follows:
Accidental death by asphyxiation in well

Other contributory causes of importance:

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? Accident Date of injury Aug. 22, 1934
 Where did injury occur? Miami (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell into well
 Nature of injury asphyxiated by CO

24. Was disease or injury in any way related to occupation of deceased?
Yes digging well
 If so, specify Carbon monoxide
 (Signed) Es. Officer Croner M. D.
 (Address) _____

5M 2-6-33 MS-47971

Back of Certificate to be used for any additional information