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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. 170  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 57  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of No. and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Jacinto Pedrosa How long in State when death occurred 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Bird 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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Aug. 22, 1934</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>abt. 7 A.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>1901</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE Years <u>33</u> Months _____ Days _____		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			<u>accidental death by asphyxiation in well</u> Other contributory causes of importance: _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(unemployed)</u>				
10. Date deceased last worked at this occupation (month and year) <u>1931</u>		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) _____ (state or country) <u>Mexico</u>					
FATHER	13. NAME <u>Carlos Pedroza</u>				
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Mexico</u>				
MOTHER	15. MAIDEN NAME <u>Agelita Ponce</u>				
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Mexico</u>				
17. INFORMANT <u>George Mariscal</u> (Address) <u>Miami, Arizona.</u>					
18. BURIAL, CREMATION, OR REINTERMENT Place <u>Pinal Cemetery</u> Date <u>Aug. 25, 1934</u>					
19. UNDERTAKER <u>Hiles Mortuary</u> (Address) <u>Miami, Arizona.</u>					
20. Filed <u>Sept. 6, 1934</u> <u>C. M. Crow</u> M. D. Registrar					

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? mine  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place. fell in well - was digging well  
Manner of injury asphyxiated by  
Nature of injury Carbon Monoxide

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify Digging well  
(Signed) Arthur Larson M. D.  
(Address) Es. Office Coroner

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information