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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. 82
 Township _____ or Village Central Heights Registered No. 88
 City _____ No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred Stillborn (If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 2. FULL NAME Mannel Navarro How long in State when death occurred? yrs. mos. ds.
 (a) Residence: No. Central Heights, Gila Co. St. _____ Ward _____ (Usual place of abode) (If non-resident 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) Single
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Aug. 23, 1934
 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. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 MOTHER | FATHER
 12. BIRTHPLACE (city or town) Central Heights (state or country) Gila Co.
 13. NAME Gase Navarro
 14. BIRTHPLACE (city or town) Mexico (State or country) _____
 15. MAIDEN NAME Margaret Lemon
 16. BIRTHPLACE (city or town) Globe (State or country) Ariz.
 17. INFORMANT Gase Navarro (Address) Central Heights, Gila Co.
 18. BURIAL, CREMATION, OR REMOVAL Place Central Heights Date Aug. 23, 1934
 19. UNDERTAKER none (Address) _____
 20. Filed August 25, 1934 Arnaud Boyes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 23, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1934, to Aug. 23, 1934
 I last saw him Stillborn Aug. 23, 1934 death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Stillbirth
Probably due to Syphilis
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical examination Was there an autopsy? no
 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.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. C. Harper M. D.
 (Address) Globe, Ariz.