

1503

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Pinal State Arizona State File No. 01
District or Township _____ or Village _____ Local Registrar's No. 22
City Hayden No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. FULL NAME Rayson Masiel
(a) Residence, No. Hayden St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single
(Write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) July 5 1934
7. AGE Years _____ Months 2 Days 2 If LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Hayden
10. NAME OF FATHER Agustador Masiel
11. BIRTHPLACE OF FATHER (State or country) Pinal Co. Mex
12. MAIDEN NAME OF MOTHER Marcelina
13. BIRTHPLACE OF MOTHER (State or country) Hayden

14. Informant Albert Lopez
(Address) Hayden
15. Filed Sept 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 8 1934
Month _____ Day _____ Year _____

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 8, 1934 that I last saw him alive on Sept 8, 1934 and that death occurred, on the date stated above, at 10:00 a.m. The CAUSE OF DEATH* was as follows:
Diarrhea & enteritis

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. 10 ds.
_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____ at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
Sept 9 1934 (Address) Hayden
State the Disease Causing Death, or in death, from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Hayden, Arizona DATE OF BURIAL Sept 7th 1934
20. UNDERTAKER P. J. Sutton ADDRESS Hayden Arizona

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. See instructions on back of certificate.