

92

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.

Dr. Brayton
Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. **80**

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 67
 TOWNSHIP _____ OR VILLAGE _____ OR
 CITY Claypool NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 19 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF FOREIGN BIRTH? 0 YRS. 0 MOS. 0 DS.
 2. FULL NAME Rafael Pascual HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. Pascual Dairy 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>Spainard</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 2, 1934</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>on Dec. 2, 1934</u> TO _____, 19 <u>34</u> I LAST SAW HIM ALIVE ON _____, 19____. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7.30 a. m.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mrs. Tulita Pascual</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Phonies Myocarditis</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				DATE OF ONSET	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
	<u>51</u>				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Dairy-Man</u>					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Santander Spain</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
13. NAME <u>Manuel Pascual</u>				NAME OF OPERATION _____ DATE OF _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Spain</u>				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>	
15. MAIDEN NAME <u>Ysidora Samarro</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Spain</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
17. INFORMANT (ADDRESS) <u>Mrs. Tulita Pascual Claypool, Arizona.</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
18. BURIAL PLACE <u>Pinal Cemetery</u> DATE <u>Dec. 7, 1934</u>				MANNER OF INJURY _____	
19. EMBALMER (LICENSE NO. <u>209</u>) SIGNATURE <u>Dalton H. Cole</u>				NATURE OF INJURY _____	
FUNERAL DIRECTOR <u>Miles Mortuary</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
ADDRESS <u>Miami, Arizona</u>				IF SO, SPECIFY (SIGNED) <u>Thomas S. Brayton</u> M. D.	
20. FILED <u>Jan. 15, 1935</u> REGISTRAR <u>C. M. Crow M. D.</u>				(ADDRESS) <u>Miami, Ariz.</u>	