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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 *Dr. Cron*  
BUREAU OF VITAL STATISTICS STATE FILE NO. **90**

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 68  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Miami NO. \_\_\_\_\_ OR \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) \_\_\_\_\_ WARD \_\_\_\_\_  
IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Benito Moraga HOW LONG IN STATE WHEN DEATH OCCURRED 15 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. R 35 Live Oak Canyon WARD \_\_\_\_\_ (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF \_\_\_\_\_ (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
abt. 43

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. (Chas. Smith & Son)

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) Mexico

13. NAME Rafael Moraga

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) "

17. INFORMANT (ADDRESS) Delores Palma Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE Dec. 24, 1934

19. EMBALMER (LICENSE NO. 209) SIGNATURE Dalton H. Cole  
FUNERAL DIRECTOR Miles Mortuary  
ADDRESS Miami, Arizona

20. FILED Jan. 5, 1935 C. M. Cron M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1934

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec. 21, 1934 TO Dec 21, 1934  
I LAST SAW HIM ALIVE ON Dec 21, 1934; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11 P.M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Lobar Pneumonia DATE OF ONSET Dec 15

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION None DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? None WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
ACCIDENT, SUICIDE, OR HOMICIDE? None 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 no injury

MANNER OF INJURY \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? None  
IF SO, SPECIFY \_\_\_\_\_  
(SIGNED) Cyril M. Cron M. D.  
(ADDRESS) Miami, Arizona