

2503

Dr. Harper
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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH **Arizona State Board of Health** STATE FILE NO. **72 1**
STANDARD CERTIFICATE OF DEATH

COUNTY **Gila** STATE **ARIZONA** REGISTERED NO. **36**
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY **Globe** NO. **Near Maurels** 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 **7** YRS. **7** MOS. **7** DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME **Jesua Reyes** HOW LONG IN STATE WHEN DEATH OCCURRED? **2 1/2** YRS. **7** MOS. **7** DS.
(A) RESIDENCE: NO. **Near Maurels** 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 Female	4. COLOR OR RACE Mexican	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)			21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1935	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Apr. 20, 1935, TO Apr. 26, 1935 I LAST SAW HER ALIVE ON Apr. 25, 1935 ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:10 A.M.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1934					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET	
	-	7	7		Apr. 1, 1935	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
	Infant				26 Apr	
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) Globe Arizona.					NAME OF OPERATION None DATE OF _____	
MOTHER	13. NAME Elijio Reyes				WHAT TEST CONFIRMED DIAGNOSIS Examination WAS THERE AN AUTOPSY? no	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Globe Arizona.				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
	15. MAIDEN NAME Refugia Gomez				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
	17. INFORMANT Elijio Reyes (ADDRESS) Globe Arizona.				MANNER OF INJURY _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE 4/27/35 , 19____					NATURE OF INJURY _____	
19. EMBALMER LICENSE NO. 181-A SIGNATURE <i>[Signature]</i>					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no	
FUNERAL DIRECTOR LICENSE #10-A SIGNATURE <i>[Signature]</i> ADDRESS Globe Arizona.					IF SO, SPECIFY _____ (SIGNED) T.C. Harper M. D. (ADDRESS) Globe, Ariz.	
20. FILED May 4, 1937 REGISTRAR <i>[Signature]</i>						