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Arizona State Board of Health

STANDARD CERTIFICATE OF DEATH

BUREAU OF VITAL STATISTICS

STATE FILE NO.

1. PLACE OF DEATH
COUNTY Yavapai STATE ARIZONA REGISTERED NO. 167-18
TOWNSHIP Peeples Valley OR VILLAGE
CITY (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) ST. WARD

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 1 MOS. DS. HOW LONG IN U.S. OF FOREIGN BIRTH YRS. MOS. DS.
2. FULL NAME Tiofilo Contreras
(A) RESIDENCE: NO. Peeples Valley ST. 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 No Record
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1862
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 72 4 6
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Rancher
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) San Diego California
13. NAME Lucas Contreras
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) No Record California
15. MAIDEN NAME Oirolo Castro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) No Record California
17. INFORMANT Ramon Contreras (ADDRESS) Prescott Arizona.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. View Cem. DATE Burial Apr. 12, 1935
19. EMBALMER FUNERAL DIRECTOR ADDRESS License No. 8 a Signature Lester Ruffner Prescott, Arizona.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17/35, 19
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 19 TO 19
I LAST SAW HIM ALIVE ON 19; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Natural causes, indications point to heart failure
DATE OF ONSET
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
NAME OF OPERATION none DATE OF
WHAT TEST CONFIRMED DIAGNOSIS? 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 died on public highway
MANNER OF INJURY none
NATURE OF INJURY
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no
IF SO, SPECIFY Gordon Oraz Coronex.
(SIGNED) (ADDRESS) Prescott, Arizona. M. D.

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.