

1222

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
BUREAU OF VITAL STATISTICS

STATE FILE NO. **90**
REGISTERED NO. **44**

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Miami

2. FULL NAME Baby Ozuna
(A) RESIDENCE: NO. 717 Live Oak (USUAL PLACE OF ABODE) ST. _____ WARD _____
HOW LONG IN STATE WHEN DEATH OCCURRED: YRS. _____ MOS. _____ DS. _____
HOW LONG IN U. S. IF OF FOREIGN BIRTH: YRS. _____ MOS. _____ DS. _____
IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER

3. SEX Male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1935
7. AGE YEARS _____ MONTHS _____ DAYS 1 IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Infant
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)
13. NAME Nector Ozuna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Hayden, Ariz.
15. MAIDEN NAME Justa Romero
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) New Mex.
17. INFORMANT (ADDRESS) Nector Ozuna, Miami, Arizona
18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE July 24, 1935
19. EMBALMER { LICENSE NO. 206 LA SIGNATURE Dalton H. Cole FUNERAL DIRECTOR Miles Mortuary ADDRESS Miami, Ariz.
20. FILED Aug. 6, 1935 REGISTRAR C. M. Cron

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1935
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM July 23, 1935 TO July 24, 1935
LAST SAW HIM ALIVE ON July 24, 1935; 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:
Premature Birth
6 in month.
DATE OF ONSET _____
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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 _____
MANNER OF INJURY _____
NATURE OF INJURY _____
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY _____
(SIGNED) J. M. Harty M. D.
(ADDRESS) Miami, Arizona

10M-10-6-34 REP-GAZ PRINTERY—FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION