

4237

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

1. PLACE OF DEATH  
 County Pima State ARIZONA State File No. 104  
 Township Moenzie or Village Moencie Registered No. 177  
 City Moencie No. Chapman Dodge Hospital, Moencie Ward Moencie  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 28 yrs. 5 mos. 20 ds. How long in Ariz. if of foreign birth? 28 yrs. 5 mos. 20 ds.

2. FULL NAME Charles A. Spezia How long in Ariz. when death occurred? 28 yrs. 5 mos. 20 ds.  
 (a) Residence: No. 6 Chapman St., Moencie Ward Moencie  
 (Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>July 8, 1935</u>	
5a. If married, widowed, or divorced HUSBAND or WIFE <u>Anna Palisic</u>				22. I HEREBY CERTIFY That I attended deceased from <u>July 3, 1935</u> to <u>July 8, 1935</u>	
6. DATE OF BIRTH (month, day, and year) <u>Jan 18, 1896</u>				Last saw him alive on <u>July 8, 1935</u> death is said to have occurred on the date stated above, at <u>8:20 A.M.</u>	
7. AGE Years <u>38</u> Months <u>5</u> Days <u>20</u> If LESS than 1 day, hrs. or min.				The principal cause of death and related causes of importance were as follows:	Date of Onset.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Asst. Manager Valley National</u>			<u>Gangrene of caecum</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Asst. Manager Valley National</u>			<u>H. Peritonitis July 3</u>	
10. Date deceased last worked at this occupation (month and year) <u>1935</u>				Other contributory causes of importance: <u>Thrombosis of mesenteric arteries</u>	
MOTHER / FATHER	12. BIRTHPLACE (city or town) (state or country) <u>Moencie</u>			Name of operation <u>Appendectomy</u> Date of <u>July 3, 1935</u>	
	13. Name <u>Antonio Spezia</u>			What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Italy</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>35</u>	
	15. MAIDEN NAME <u>Rosa Spezia</u>			Where did injury occur? <u>None</u> (Specify city or town, county and State)	
16. BIRTHPLACE (city or town) (State or country) <u>Italy</u>			Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT (Address) <u>Antonio Spezia, Brother</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Interment July 10, 1935</u>					
19. UNDERTAKER (Address) <u>6 S. Duane, Moencie</u>					
20. <u>July 10, 1935</u> Registrar <u>D. Moser</u>					

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information