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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 94
REGISTERED NO. 76

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Graham STATE ARIZONA
TOWNSHIP Sanchez OR VILLAGE Sanchez OR
CITY Sanchez NO. _____ 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: 45 YRS. 45 MOS. 45 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
2. FULL NAME Martial Serna HOW LONG IN STATE WHEN DEATH OCCURRED: 45 YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. Sanchez ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mariana Serna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1860
7. AGE YEARS 75 MONTHS 1 DAYS 7 IF LESS THAN 1 DAY, —HRS. OR —MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Preacher
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) Texas
13. NAME Juan Serna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) N.M.
15. MAIDEN NAME Jacinta Christ
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) N.M.
17. INFORMANT (ADDRESS) Manuel Sanchez Sanchez Arizona
18. BURIAL, CREMATION, OR REMOVAL PLACE Sanchez DATE 8/8/35
19. EMBALMER (LICENSE NO.) SIGNATURE Manuel Sanchez FUNERAL DIRECTOR ADDRESS Sanchez Arizona
20. FILED Sept 9, 1935 REGISTRAR (ADDRESS) J. M. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7, 1935
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 7:30 19 35 TO 8-7 19 35
LAST SAW HIM ALIVE ON 8-6 19 35 ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10 AM
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
 Acute Infection
 Pneumonia
DATE OF ONSET _____
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
 Chronic Pneumonia
NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
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) H. E. ... M. D.
 ...