

2117

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. **60**

1. PLACE OF DEATH **Gila** COUNTY **Gila** STATE **ARIZONA** REGISTERED NO. **74**
TOWNSHIP **Globe** OR VILLAGE _____ OR _____
CITY _____ 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 _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME **Peter Orlich** HOW LONG IN STATE WHEN DEATH OCCURRED? **6** YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. **540 Blake St** ST. _____ WARD _____ (NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX M.	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married		21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-1935	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.	
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Marjue Orlich				I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)						
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Snubbed wound Self-inflicted Coroner jury verdict	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER SAWYER, BOOKKEEPER, ETC. miner				DATE OF ONSET		
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) Yugo Slavia						
13. NAME Pete Orlich						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yugo Slavia						
15. MAIDEN NAME Malvrid Orlich						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yugo Slavia						
17. INFORMANT Mrs Orlich (ADDRESS) Globe						
18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Globe DATE 9-9-1935						
19. EMBALMER (LICENSE NO. 209) SIGNATURE Dalton H Cole FUNERAL DIRECTOR Miles Mortuary 7A ADDRESS Globe						
20. FILED Sept. 17, 1935 REGISTRAR Jeffrey Moore						
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 9/6/35 WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) home 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? No IF SO, SPECIFY (SIGNED) E. H. Jones (ADDRESS) Globe, Arizona						