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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. 74

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 60
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Miami 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. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Baby Madrid Marietta
(A) RESIDENCE: NO. 532 Gibson St. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Infant</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 26, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Oct 26-35, 1935</u> TO <u>Oct 26, 1935</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26/1935</u>				I LAST SAW H. <u>live</u> ALIVE ON <u>Oct 26, 1935</u> , DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:30 P.M.</u>		
7. AGE	YEARS	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Premature birth</u>		DATE OF ONSET <u>Oct 26 1935</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Infant</u>				7 months gestation		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
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) <u>Miami Arizona</u>						
13. NAME <u>Bert Madrid Marietta</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Miami Arizona</u>						
15. MAIDEN NAME <u>Aurora Ruyodech Mad</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Miami Arizona</u>						
17. INFORMANT <u>Virginia Reyna</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final Cemetery</u> DATE <u>Oct 27, 1935</u>						
19. EMBALMER { LICENSE NO. <u>289-A</u> SIGNATURE <u>Dalton H. Cole</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami Arizona</u>						
20. FILED <u>Nov 8, 1935</u> <u>C. M. Iron</u> REGISTRAR						
					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>no</u> 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 <u>none</u> NATURE OF INJURY _____	
					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u> IF SO, SPECIFY _____ (SIGNED) <u>Gayle M. Larson</u> , M. D. (ADDRESS) <u>Miami, Ariz.</u>	