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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**

BUREAU OF VITAL STATISTICS STATE FILE NO. 76

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 103
 TOWNSHIP _____ OR VILLAGE _____
 CITY Globe NO. 328 Willow Street 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 10 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 22 YRS. _____ MOS. _____ DS.
 2. FULL NAME Jesus Ortega HOW LONG IN STATE WHEN DEATH OCCURRED? 10 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. 328 Willow St. ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Ortega</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1898</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
	<u>37</u>	<u>4</u>	<u>5</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Lost Bear Canyon Asbestos</u>			
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1930</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>				
FATHER	13. NAME <u>Estanislao Ortega</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>			
MOTHER	15. MAIDEN NAME <u>Juana Alvarez</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>			
17. INFORMANT <u>Jennie Ortega</u> (ADDRESS) <u>Globe, Ariz.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>Dec. 7, 1935</u>				
19. EMBALMER (LICENSE NO. <u>1896</u>) SIGNATURE <u>[Signature]</u> FUNERAL DIRECTOR <u>IO A. [Signature]</u> ADDRESS <u>Globe, Ariz.</u>				
20. FILED <u>Dec. 19, 1935</u> <u>[Signature]</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1935
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov. 15, 1935 TO Dec. 4, 1935
 I LAST SAW alive ON Nov. 15, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:50 A.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pulmonary Tuberculosis DATE OF ONSET about Nov. 1934
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION no DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? Examination WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____
 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? no
 IF SO, SPECIFY (SIGNED) J. C. Harper M. D.
 (ADDRESS) Globe, Arizona