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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.

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 74
TOWNSHIP Miami OR VILLAGE _____
CITY Miami NO. _____ ST. _____ WARD _____
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) IN CITY OR TOWN WHERE DEATH OCCURRED 17 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 20 YRS. _____ MOS. _____ DS.
2. FULL NAME Epermeno Perez HOW LONG IN STATE WHEN DEATH OCCURRED? 20 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 69 Mexican Canyon (USUAL PLACE OF ABODE) WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Divorced
5A. IS MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF (OR) WIFE OF) _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
abt 45
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. unemployed
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 1925 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTY) Mexico
unknown
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTY) "
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTY) "
17. INFORMANT (ADDRESS) Mr. Trinidad Perez
Miami Ariz.
18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE Dec. 26, 1935
19. EMBALMER (LICENSE NO. 209-A) SIGNATURE Dalton H. Cole
FUNERAL DIRECTOR Miles Mortuary
ADDRESS Miami, Arizona
20. FILED Jan. 6, 1936 REGISTRAR C. M. Cron

MEDICAL STATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1935
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Dec 14 TO Dec 19 35
I LAST SAW HIM ALIVE ON Dec 18 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8 A M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Pulmonary Tuberculosis bacillary
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE _____
NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? Yes
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? Do not know
IF SO, SPECIFY _____
(SIGNED) Fernando Brayton D.
(ADDRESS) _____