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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

1. PLACE OF DEATH  
 County Cochise State ARIZONA State File No. 53  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Benson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 5 yrs. ? mos. ? ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Antonio Vasquez How long in State when death occurred? 20 yrs. 0 mos. 11 ds.  
 (a) Residence: No. Benson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Feb. 28</u> 19 <u>36</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>May</u> 19 <u>35</u> to <u>Feb. 28</u> 19 <u>36</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb. 17, 1916</u>				I last saw him alive on <u>Feb. 27</u> 19 <u>36</u> ; death is said to have occurred on the date stated above, at <u>8:00 A.</u> m.	
7. AGE	Years <u>20</u>	Months _____	Days <u>11</u>	The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u> Date of Onset <u>1928</u> <u>Bilateral</u>	
8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. <u>School boy</u>				Other contributory causes of importance: _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grammar School</u>					
10. Date deceased last worked at this occupation (month and year) <u>May 35</u>				11. Total time (years) spent in this occupation <u>7</u>	
12. BIRTHPLACE (city or town) <u>Silverbell</u> (state or country) <u>ARIZONA</u>				Name of operation _____ Date of _____	
13. NAME <u>Manuel Vasquez</u>				What test confirmed diagnosis? <u>clinical &amp; Lab.</u> Was there an autopsy? _____	
14. BIRTHPLACE (city or town) <u>Emores</u> (State or country) <u>Sonora Mexico</u>				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.	
15. MAIDEN NAME <u>Adela Tiedo</u>				Manner of injury _____	
16. BIRTHPLACE (city or town) <u>Emores</u> (State or country) <u>Sonora Mexico</u>				Nature of injury _____	
17. INFORMANT <u>Ramon Morales</u> (Address) <u>Benson</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Benson</u> Date <u>Feb. 29</u> 19 <u>36</u>				If so, specify _____	
19. UNDERTAKER <u>Family and Friends</u> (Address) _____				(Signed) <u>L W Moffett</u> M. D. (Address) <u>Benson</u>	
20. Filed <u>Feb 29</u> 19 <u>36</u> <u>L W Moffett</u> Registrar					

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information