

48 12

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

Dr. Brayton
STATE FILE NO. 94

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 14
TOWNSHIP Miami OR VILLAGE _____
CITY Miami NO. _____ OR _____

2. FULL NAME Marcella Pina HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.
(A) RESIDENCE: NO. 61 Davis Canyon WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Spainard</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Infant</u>
-------------------------	-------------------------------------	---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, — HRS. OR — MIN.
	<u>1</u>	<u>10</u>		

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Infant

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) Miami Arizona

13. NAME Marcellino Pina

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Spain

15. MAIDEN NAME Concha Blanca

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Douglas Arizona

17. INFORMANT (ADDRESS) Mary Rosovich

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Crematory DATE Mar. 1, 1936

19. EMBALMER (ADDRESS) Walton H. Cole LICENSE NO. 249-A
FUNERAL DIRECTOR Miles Mortuan
ADDRESS Miami, Arizona

20. FILED March 8, 1936 REGISTRAR C. M. Cron

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 1936
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Feb 28, 1936
I LAST SAW HIM ALIVE ON Feb 28, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:30 P. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Death non-diphtheritic
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ 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 _____, 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? _____
IF SO SPECIFY _____
(SIGNED) Edmund J. Taylor M. D.
(ADDRESS) Miami, Arizona

10M-10-6-34-REP-GAZ PRINTERY—FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION