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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. 86
REGISTERED NO. 27

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA OR
TOWNSHIP _____ OR VILLAGE _____
CITY Globe Gila-General Hospital ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Mary Oliverio
(A) RESIDENCE: NO. Russel Gulch ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE TOWN AND STATE)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 21 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF FOREIGN BIRTH 21 YRS. _____ MOS. _____ DS.
HOW LONG IN STATE WHEN DEATH OCCURRED 21 YRS. _____ MOS. _____ DS.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Joe Oliverio
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22/1884

7. AGE YEARS 52 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

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

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) San Giovanni in Piana - Italy

MOTHER FATHER
13. NAME Paquale Spattafore
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) Italy
15. MAIDEN NAME Maria T. Laratta
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTY) Italy

17. INFORMANT (ADDRESS) Biajo Oliverio

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE Mar. 15, 1936

19. EMBALMER (LICENSE NO. 209-A) SIGNATURE Walter H. Lee
FUNERAL DIRECTOR SIGNATURE W. J. Hartman
ADDRESS Miami, Arizona

20. FILED Apr 7, 1936 REGISTRAR H. G. Manning

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 29, 1936 TO Mar 8, 1936
I LAST SAW HIM ALIVE ON Mar 8, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:20 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Mesenteric thrombosis DATE OF ONSET Mar 5

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Crampy colic with twisted pedicle

NAME OF OPERATION Removal of Appendix DATE OF OPERATION Mar 4
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? no
IF SO, SPECIFY _____
(SIGNED) W. J. Hartman M. D.
(ADDRESS) Globe, Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION