

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.

Dr. Bryan

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 178
REGISTERED NO. 31

1. PLACE OF DEATH
COUNTY Pima STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Miami NO. _____ 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 2 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH: 28 YRS. _____ MOS. _____ DS.
2. FULL NAME Theodore Magafa HOW LONG IN STATE WHEN DEATH OCCURRED: 21 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 80 Red Springs Canyon ST. _____ WARD _____ (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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 8, 1936</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maria Magafa</u>			22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>April 8</u> , 19 <u>35</u> TO <u>April 8</u> , 19 <u>36</u> I LAST SAW HIM ALIVE ON <u>April 8</u> , 19 <u>36</u> . DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8 P. M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25,</u>			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u> <u>Tuberculosis</u> <u>Quasarsia</u>		
7. AGE		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		DATE OF ONSET <u>1934</u>	
YEARS <u>44</u>					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Groceryman</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Quasarsia</u>		
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) <u>1934</u>			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>4 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Greece</u>					
13. NAME <u>Antonio Magafa</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Greece</u>					
15. MAIDEN NAME <u>No Record</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Greece</u>					
17. INFORMANT (ADDRESS) <u>Maria Magafa, Miami, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final Cemetery</u> DATE <u>April 13, 1936</u>					
19. EMBALMER (ADDRESS) _____			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY (SIGNED) <u>Dr. Bryan</u> M. D. (ADDRESS) _____		
LICENSE NO. <u>209-15</u>					
SIGNATURE <u>Delton H. Leole</u>					
FUNERAL DIRECTOR <u>Miles Mortuary, Miami, Arizona</u>					
ADDRESS _____					
20. FILED <u>May 6, 1936</u> <u>C. M. Brown</u> REGISTRAR					

MAY 6 1936

FORM 3-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION