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Dr. Holt.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 69

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

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 42
 TOWNSHIP _____ OR VILLAGE _____
 CITY Globe NO. Gila County Hospital 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: ? YRS. ? MOS. ? DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? ? YRS. ? MOS. ? DS.
 2. FULL NAME Chiono Martinez HOW LONG IN STATE WHEN DEATH OCCURRED: ? YRS. ? MOS. ? DS.
 (A) RESIDENCE: NO. County Hospital ST. _____ 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1851
 7. AGE YEARS 84 MONTHS ? DAYS ? IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer
 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) Mexico

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT (ADDRESS) County Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE May 3, 1936

19. EMBALMER (LICENSE NO. 18-A) SIGNATURE [Signature] FUNERAL DIRECTOR (LICENSE NO. 10-A) SIGNATURE [Signature] ADDRESS Globe, Arizona

20. FILED May 20, 1936 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1936
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM April 25th, 1936 TO May 1, 1936
 I LAST SAW HIM ALIVE ON May 1, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:00 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Lobar Pneumonia - Apr 24-36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

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) [Signature] M. D. (ADDRESS) Globe

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION