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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.

W. A. Holt.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. _____ REGISTERED NO. 50

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA
 TOWNSHIP Globe OR VILLAGE Gila County Hospital ST. _____ WARD _____
 CITY _____ (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 30 YRS. _____ MOS. _____ DS. HOW LONG IN U.S. _____ FOREIGN BIRTH? 58 YRS. _____ MOS. _____ DS.
 2. FULL NAME Henry Prospero HOW LONG IN STATE WHEN DEATH OCCURRED 30 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) — — 1864
 7. AGE YEARS 72 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.
 OCCUPATION 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Cook
 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) Italy
 MOTHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Italy
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Italy
 17. INFORMANT John A. B. Carretto (ADDRESS) Wheatfields, Arizona
 18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE May 19, 1936
 19. EMBALMER LICENSE NO. 182A SIGNATURE [Signature] FUNERAL DIRECTOR 10-A [Signature] ADDRESS Globe, Arizona
 20. FILED May 20, 1936 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1936
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 1st 1936 TO May 15, 1936
 I LAST SAW HIM ALIVE ON May 15, 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: DATE OF ONSET
Diabetes, mellitus 1933
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Gangrene left foot
 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 _____ M. D.
 (SIGNED) [Signature] (ADDRESS) Globe