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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 88

1. PLACE OF DEATH
COUNTY Pima STATE ARIZONA REGISTERED NO. 39
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Miami NO. 44 Max Cañon ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

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

2. FULL NAME Pete Mendosa
(A) RESIDENCE: NO. 44 Max Cañon ST. _____ WARD _____
(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1935

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 6

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 Ariz

13. NAME Amado Mendosa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yolomonwell Ariz

15. MAIDEN NAME Prinadad Garcia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Metcalf Ariz

17. INFORMANT (ADDRESS) Amado Mendosa 44 Max Cañon

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinal DATE May 20 1936

19. EMBALMER LICENSE NO. 172-A SIGNATURE W. B. Calver
FUNERAL DIRECTOR Mills Mortuary
ADDRESS Miami, Ariz

20. FILED June 5 1936 REGISTRAR C. M. Cron

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 3 1936 TO May 20 1936

I LAST SAW HIM ALIVE ON May 19 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:30 A.M.

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

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 _____

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) W. B. Calver M. D.
(ADDRESS) Miami

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION