

9263

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** *81 moved*

BUREAU OF VITAL STATISTICS STATE FILE NO. **82** ✓

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 53
 TOWNSHIP _____ OR VILLAGE _____
 CITY Miami NO. _____ OR _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ WARD _____
 IN CITY OR TOWN WHERE DEATH OCCURRED 13 YRS. 0 MOS. 0 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH 13 YRS. 0 MOS. 0 DS.
 2. FULL NAME Manuel R. Masias HOW LONG IN STATE WHEN DEATH OCCURRED 13 YRS. 0 MOS. 0 DS.
 (A) RESIDENCE: NO. 721 Rose Oak ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1886

7. AGE YEARS 70 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

FATHER 13. NAME Pablo Masias

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

MOTHER 15. MAIDEN NAME Dominga Rivera

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

17. INFORMANT (ADDRESS) Rocadio Masias
Miami Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral DATE June 19, 1956

19. EMBALMER LICENSE NO. 1722 SIGNATURE [Signature]
 FUNERAL DIRECTOR Miles Mortuary
 ADDRESS _____

20. FILED July 19, 1956 C. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1956
 I HEREBY CERTIFY THAT PATIENT DECEASED FROM Chronic Myocarditis 1956
June 1 1936 TO June 18 1956
 LAST SAW HIM ALIVE ON June 16, 1956; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: _____ DATE OF ONSET _____
Chronic Myocarditis
1956

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Profuse

NAME OF OPERATION _____ DATE OF _____
 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 _____ M. D.
 (ADDRESS) Alfred Compton
Miami Ariz.

FORM 1-15-56 FORM 3-100% RAG BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION