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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 71

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 67  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Globe NO. 186 East Mesquite St. ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, STREET, AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED Life DS. \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
2. FULL NAME Arturo Marin HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
(A) RESIDENCE: NO. 186 East Mesquite ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 1915</u>			
7. AGE	YEARS <u>21</u>	MONTHS <u>0</u>	DAYS <u>29</u>
	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Laborer</u>		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>CCC Camp</u>		
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Out for 1 year</u>		
	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Globe, Arizona</u>			
FATHER	13. NAME <u>Tomas Marin</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>		
MOTHER	15. MAIDEN NAME <u>Natalia Landa</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>		
17. INFORMANT <u>Natalia Landa de Marin</u> (ADDRESS) <u>Globe, Arizona</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Globe Cemetery</u> DATE <u>Aug. 27, 1936</u>			
19. EMBALMER	LICENSE NO. <u>18-A</u>		
	SIGNATURE _____		
FUNERAL DIRECTOR	LICENSE # <u>10-A</u>		
	ADDRESS <u>Globe, Arizona</u>		
20. FILED <u>Aug 29, 1936</u> _____ REGISTRAR			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug. 23, 1936</u>	DATE OF ONSET _____
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 1st</u> TO <u>Aug 23, 1936</u>	
I LAST SAW HIM ALIVE ON <u>Aug 21, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:05 P.M.</u>	
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Acute Pulmonary Tuberculosis</u>	
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? _____	
IF SO, SPECIFY _____	
(SIGNED) <u>[Signature]</u>	M. D. _____
(ADDRESS) <u>Globe</u>	_____