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MARGIN RESERVED FOR BINDING
N. B.—WRITE FAIRLY, 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 **78**

1. PLACE OF DEATH Gila County Gila State ARIZONA State File No. _____
 Township _____ or Village _____ City Miami No. 511 Ophan St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 10 yrs. _____ mos. _____ ds.

2. FULL NAME Justa Gameros Ozuena How long in State when death occurred? 10 yrs. _____ mos. _____ ds.
 (a) Residence: No. 511 Ophan St. _____ (Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mex.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Oct 14, 1936</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Nector Ozuena</u>				22. I HEREBY CERTIFY That I attended deceased from <u>Oct 1</u> 19 <u>36</u> to <u>Oct 14</u> 19 <u>36</u>		
6. DATE OF BIRTH (month, day, and year) <u>Aug. 14, 1917</u>				I last saw her alive on <u>Oct 12</u> 19 <u>36</u> death is said to have occurred on the date stated above, at <u>6:20 P.M.</u>		
7. AGE		Years <u>19</u>	Months <u>2</u>	Days _____	The principal cause of death and related causes of importance were as follows:	
		If LESS than 1 day, _____ hrs. or _____ min.			Date of Onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				<u>Tuberculosis</u>	
	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) <u>Silver City</u> (state or country) <u>New Mex.</u>						
MOTHER	13. NAME <u>Esteban Gameros</u>					
	14. BIRTHPLACE (city or town) <u>Deming</u> (State or country) <u>New Mexico</u>					
	15. MAIDEN NAME <u>Paulina Gonzalez</u>					
FATHER	16. BIRTHPLACE (city or town) <u>Santa Rita</u> (State or country) <u>New Mex.</u>					
	17. INFORMANT <u>Nector Ozuena</u> (Address) <u>511 Ophan St.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Pinal</u> Date <u>Oct 16, 1936</u>						
19. UNDERTAKER <u>Miles Mortuary</u> (Address) <u>Miami</u>						
20. Filed <u>Oct-19-</u> 19 <u>36</u> , <u>C. M. Brown</u> Registrar						
					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>Jose O. B. B. B.</u> M. D. (Address) _____	