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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. \_\_\_\_\_ REGISTERED NO. 86

**1. PLACE OF DEATH**  
COUNTY Pima STATE ARIZONA  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
CITY Miami NO. 28 Warrior Cañon ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(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: YRS. 2 MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. 2 MOS. \_\_\_\_\_ DS.  
HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

**2. FULL NAME** Jose Mageno  
(A) RESIDENCE: NO. 28 Warrior ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>Mex.</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)</b> <u>Infant</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Infant</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Sept. 11, 1934</u>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
	<u>2</u>	<u>10</u>
		<b>DAYS</b>
		<u>10</u>
		<b>IF LESS THAN 1 DAY, HRS. OR MIN.</b>

**8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.**

**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** Jose Mageno

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)** Los Angeles, Calif.

**15. MAIDEN NAME** Lupe Ramirez

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

**17. INFORMANT (ADDRESS)** Jose Mageno, 28 Warrior

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Pinal DATE Nov 28 1936

**19. EMBALMER (LICENSE NO. \_\_\_\_\_) SIGNATURE** [Signature]  
**FUNERAL DIRECTOR** Miles Montuany  
**ADDRESS** Miami, Ariz.

**20. FILED** Nov-25-1936 [Signature] REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM** Nov 20 - 1936 TO Nov 21, 1936

I LAST SAW HIM ALIVE ON Nov 21, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:30 A.M.

**THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:** Bronchopneumonia DATE OF ONSET Nov 20, 1936

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:** Influenza

**NAME OF OPERATION** none DATE OF \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?** none 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** none

**NATURE OF INJURY** \_\_\_\_\_

**24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?** no

IF SO, SPECIFY \_\_\_\_\_

(SIGNED) Luigit M. Brown M. D.  
(ADDRESS) Miami, Arizona