

1642

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

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA STATE FILE NO. 105
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 106
CITY Globe NO. Gila County Hosp. ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____
IN CITY OR TOWN WHERE DEATH OCCURRED 52 YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Mat Olevorio HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Sullivan 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>White</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>Dec 25, 1862</u>			
7. AGE	YEARS <u>74</u>	MONTHS _____	DAYS <u>5</u> IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	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) <u>Italy</u>			
FATHER	13. NAME <u>Mat Olevorio</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Italy</u>		
15. MAIDEN NAME <u>Angelo De Viata</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Italy</u>			
17. INFORMANT <u>Mat Olevorio</u> (ADDRESS) _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pinal</u> DATE <u>Dec. 31, 1936</u>			
19. EMBALMER (LICENSE NO. <u>22749</u>) FUNERAL DIRECTOR SIGNATURE <u>W. J. Mortuary</u> ADDRESS _____		20. FILED <u>Dec 9, 1936</u> BY <u>B. Manning</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Oct 1 to Dec 30, 1936
I LAST SAW HIM ALIVE ON Dec 30, 1936 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 Heart Disease
myocarditis

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. J. Mortuary M. D.
(ADDRESS) Globe

10M-1-25-36 FORM 2-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION
B. Brown (Clerk)