

2341

Dr. Kennedy

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

93

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. /
 TOWNSHIP _____ OR VILLAGE _____
 CITY Globe NO. Gila County Hospital 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 15 YRS. 9 MOS. 7 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Braulio Provencio HOW LONG IN STATE WHEN DEATH OCCURRED? 23 YRS. 9 MOS. 7 DS.
 (A) RESIDENCE: NO. _____ ST. _____ WARD _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1913
 7. AGE YEARS 23 MONTHS 9 DAYS 7 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 1, 1937 TO Jan 3, 1937
 LAST SAW HIM ALIVE ON Jan 2, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:00 A.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pulmonary and laryngeal tuberculosis DATE OF ONSET May 1936
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Insanitation

12. BIRTHPLACE (CITY OR TOWN) Morenci (STATE OR COUNTY) Arizona
 13. NAME Braulio Provencio
 14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____
 15. MAIDEN NAME Eusabia Martinez
 16. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____
 17. INFORMANT (ADDRESS) Mrs. Jesusita Villaverde
Superior, Arizona
 18. BURIAL PLACE Globe Cemetery DATE Jan. 5, 1937
 19. EMBALMER (ADDRESS) 18-A LICENSE NO. _____ SIGNATURE J. H. [Signature]
 FUNERAL DIRECTOR 10-A SIGNATURE J. H. [Signature]
 ADDRESS Globe, Arizona
 20. FILED Jan 8, 1937 S. H. [Signature] REGISTRAR

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? no
 IF SO, SPECIFY _____
 (SIGNED) R. D. Kennedy M. D.
 (ADDRESS) Globe Ariz

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.