

1572

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS STATE FILE NO. 97

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 44
 TOWNSHIP _____ OR VILLAGE _____
 CITY Miami NO. E 21 Davis Canyon 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. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Blas Mexas HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. E 21 Davis Canyon ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr 19, 1937</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan. 1st</u> , 19 <u>37</u> , TO <u>Apr 19</u> , 19 <u>37</u> LAST SAW H. ALIVE ON <u>Apr 19</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7:00 P.M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Iselada Mexas</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Silicosis</u> DATE OF ONSET <u>2 yrs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 19-1876</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. <u>61</u> <u>1</u> <u>0</u>						
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Retired</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) (STATE OR COUNTY) <u>Chihuahua Mexico</u>						
13. NAME <u>W. Subrauer</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>W. Subrauer</u>						
15. MAIDEN NAME <u>W. Subrauer</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>W. Subrauer</u>						
17. INFORMANT (ADDRESS) <u>Henry Mexas</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral</u> DATE <u>4-20</u> , 19 <u>37</u>						
19. EMBALMER LICENSE NO. <u>277</u> FUNERAL DIRECTOR SIGNATURE <u>[Signature]</u> <u>Melba M. Moulany</u> ADDRESS <u>Miami, Ariz.</u>						
20. FILED <u>May 5</u> , 19 <u>37</u> <u>C. M. Cron</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 <u>None</u> NATURE OF INJURY _____	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u> IF SO, SPECIFY (SIGNED) <u>Leyval M. Cron</u> M. D. (ADDRESS) <u>Miami, Arizona</u>						

25-38 FORM 3-100% RAG BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION