

2027

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.

Judge Guild

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Pinal State ARIZONA State File No. 531
Township _____ or Village _____ Registered No. 34
City Florence No. _____ 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 60 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Jose Juan Arvizu How long in State when death occurred? 60 yrs. _____ mos. _____ ds.
(a) Residence: No. Florence Pinal 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>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>April 25, 1937</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rafaela Arvizu</u>				I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>June 24, 1844</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>92</u>	Months <u>11</u>	Days <u>29</u>	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>Farming</u>		11. Total time (years) spent in this occupation _____		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>				
10. Date deceased last worked at this occupation (month and year) _____					
12. BIRTHPLACE (city or town) (State or Country) <u>Sonora Mexico</u>					
FATHER	13. NAME <u>Rafael Arvizu</u>				
	14. BIRTHPLACE (city or town) (State or Country) <u>Sonora Mexico</u>				
MOTHER	15. MAIDEN NAME <u>Leandra Ortiz</u>				
	16. BIRTHPLACE (city or town) (State or Country) <u>Sonora Mexico</u>				
17. INFORMANT <u>J. M. Arvizu</u> (Address) <u>California</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Florence Cemetery</u> Date <u>Apr. 26, 1937</u>					
19. EMBALMER License No. <u>259-A</u> Signature <u>Dalton H. Cole</u>		23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____			
FUNERAL DIRECTOR Address <u>Martin Mortuary Florence, Ariz.</u>		Where did injury occur? (Specify city or town, county and State) _____ Specify whether injury occurred in industry, in home, or in public place.			
20. Filed <u>May 6, 1937</u> <u>W. C. Wheeler</u> Registrar		Manner of injury _____ Nature of injury _____			
		24. Was disease or injury in any way related to occupation of deceased? _____			
		If so, specify _____ (Signed) <u>J. P. Arvizu</u> M. D. (Address) _____			