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N. B.—WRITE PAINLY, 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

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. 76
 Township _____ or Village _____ Registered No. _____
 City Winkelman 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Celso Navarro
 (a) Residence: No. Mammoth Arizona St. _____ Ward _____
 (Usual place of birth) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of Adela Mirinda (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years 42 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold

10. Date deceased last worked at this occupation (month and year) May 37 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Guadalajara (state or country) Guadalajara, Mex.

MOTHER

13. NAME Belas Navarro

14. BIRTHPLACE (city or town) Guadalajara (State or country) Mex.

15. MAIDEN NAME Nagdalena Gonzalas

16. BIRTHPLACE (city or town) Guadalajara, Mex. (State or country)

17. INFORMANT Adela M. Navarro (Address) Mammoth Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Winkelman Date May 7, 1937

19. UNDERTAKER P. H. Hutton (Address) Winkelman

20. Filed May 7, 1937 P. H. Hutton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937, to May 7, 1937

I last saw him alive on May 6, 1937, death is said to have occurred on the date stated above, at 6.00A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (primary) Date of Onset _____

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 _____, 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Charles B. Hutton M. D. (Address) Winkelman