

2200

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

1. PLACE OF DEATH Gila State ARIZONA State File No. 95
 County Gila or Village _____ Registered No. _____
 Township _____ or Village _____ St. _____ Ward _____
 City Hayden (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 17 yrs. 1 mos. 17 ds. How long in U. S. if of foreign birth 17 yrs. 1 mos. 17 ds.

2. FULL NAME Santiago Perez How long in State when death occurred 17 yrs. 1 mos. 17 ds.
 (a) Residence: No. Hayden St. _____ Ward _____ (If non-resident give city or town and State)
 (Usual place of abode)

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>May 21, 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>Mrs. Aurora Bracamonte</u>				I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>10:00 P.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>JULY 7, 1892</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE Years <u>34</u> Months <u>10</u> Days <u>?</u> If LESS than 1 day, _____ hrs. or _____ min.				<u>Accidental</u> <u>fracture in</u> <u>hip</u> <u>(fall of rock)</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mine</u>				Date of Onset _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Copper Mine</u>				Other contributory causes of importance: _____	
10. Date deceased last worked at this occupation (month and year) <u>May 1937</u> 11. Total time (years) spent in this occupation <u>15 years</u>				Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) (state or country) <u>Atlix</u> <u>Sonora Mexico</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>Santiago Perez</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>May 21, 1937</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Santa Ana</u> <u>California</u>				Where did injury occur? <u>Hayden, Arizona</u> (Specify city or town, county and State)	
15. MAIDEN NAME <u>Santiago Perez</u>				Specify whether injury occurred in industry, in home, or in public place. <u>Public place</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Atlix</u> <u>Sonora Mexico</u>				Manner of injury <u>Fracture of hip</u>	
17. INFORMANT <u>Mrs. Aurora Bracamonte</u> (Address) <u>Hayden Ariz</u>				Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hayden Ariz</u> Date <u>May 24, 1937</u>				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>	
19. UNDERTAKER <u>H. L. Hutton</u> (Address) <u>New Hayden Ariz</u>				If so, specify <u>Old injury</u> (Signed) <u>Charles H. Hutton</u> M. D.	
20. Filed <u>May 24, 1937</u> Registrar <u>H. L. Hutton</u> (Address) <u>Hayden</u>					

10M-3-21-33 MS-50301-FORM 3 Back of Certificate to be used for any Additional Information