

2211

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

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA STATE FILE NO. 105
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 57
CITY Miami NO. 621 Davis Cañon 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 YRS. 7 MOS. _____ DS. _____
2. FULL NAME Henry Meray Jr HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 621 Davis Cañon ST. _____ WARD _____ HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. 7 MOS. _____ DS. _____
(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1936

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
7 24

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
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) Magnie
Ariz.

13. NAME Henry Meray Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma
Ariz.

15. MAIDEN NAME Concepcion Hernandez
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT Henry Meray
(ADDRESS) 621 Davis Cañon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE 5/28, 1937

19. EMBALMER LICENSE NO. 2278
SIGNATURE Maxim Scott
FUNERAL DIRECTOR Maxim Scott
ADDRESS Miami Ariz.

20. FILED June 1, 1937 C. M. Crow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1937
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov 36 TO May 27, 37
I LAST SAW HIM ALIVE ON May 27, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:30 P. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Enteritis
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Malnutrition

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? No

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) Arthur D. Brantley
(ADDRESS) Miami Ariz.