

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 Graham State ARIZONA State File No. 83
 Township Solomonville or Village San Jose Registered No. 73
 City Solomonville 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 45 yrs. _____ mos. _____ ds. How long in S. of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in _____ death occurred _____ yrs. _____ mos. _____ ds.

2. FULL NAME Cassio E. Alvillar
 (a) Residence: No. Solomonville, Arizona St. _____ Ward _____
(Usual place of abode) (If non-resident give city, 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>Married</u>		21. DATE OF DEATH (month, day, and year) <u>July 1st, 1937</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>12:00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>No Doctor in attendance</u> <u>Blind for 22 years.</u> <u>Angina Pectoris</u> Other contributory causes of importance: <u>Arteriosclerosis</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Barbara Alvillar</u>		6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>		Date of Onset	
7. AGE <u>About 88</u>	Years _____ Months _____ Days _____	11. Total time (years) spent in this occupation _____			
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. <u>Farmer</u>		10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (city or town) (State or Country) <u>Mesita New Mexico</u>		13. NAME <u>Domingo Alvillar</u>		Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or Country) <u>New Mexico</u>		15. MAIDEN NAME <u>Lorenza Espelin</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
16. BIRTHPLACE (city or town) (State or Country) <u>New Mexico</u>		17. INFORMANT (Address) <u>Solomonville, Arizona</u>		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. _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Jose</u> Date <u>7/4/</u> 19 <u>37</u>		19. EMBALMER License No. <u>116</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>[Signature]</u> Address <u>Seiford, Arizona</u>		Manner of injury _____ Nature of injury _____	
20. File <u>August 9, 1937</u> Registrar <u>[Signature]</u>		24. Was disease or injury in any way related to occupation of deceased? _____		If so, specify <u>[Signature]</u> (Signed) <u>Seiford, Arizona</u> M. D. (Address) _____	

FORM-6-12-34-MB-Form 5-100% RAG 1. of Certificate to be used for any Additional Information