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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.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 87

STANDARD CERTIFICATE OF DEATH

ARIZONA REGISTERED NO. 85

1. PLACE OF DEATH

COUNTY Gila STATE OR VILLAGE ST., WARD

TOWNSHIP NO. Miami Insp. Hospital

CITY Miami (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. MOS. DS. HOW LONG IN STATE OF FOREIGN BIRTH YRS. MOS. DS. HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.

2. FULL NAME Narciso Gaona

(A) RESIDENCE: NO. 4 Porto Rico Canyon ST., WARD (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

2 10 M

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Mex.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1919

7. AGE YEARS 17 MONTHS 9 DAYS 23 IF LESS THAN 1 DAY, HRS. OR MIN.

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.

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) Miami Arizona

FATHER

13. NAME Narciso Gaona

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

MOTHER

15. MAIDEN NAME Teresa Navarette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT (ADDRESS) Narciso Gaona

18. BURIAL, CREMATION, OR REMOVAL PLACE Final DATE Aug. 22, 1937

19. EMBALMER LICENSE NO. 2004 SIGNATURE W. H. McLellan

FUNERAL DIRECTOR Miles Mortuary

ADDRESS Miami Arizona

20. FILED Aug. 25, 1937 C. M. Cron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 12:30 PM 8-20, 1937 TO 1-P-8-20, 1937

I LAST SAW HIM ALIVE ON 8-20, 1937 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 PM.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Crushing Skull Fracture

DATE OF ONSET 8-20-37

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION None 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 8-20-1937

WHERE DID INJURY Miami Superior Hwy (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE On highway

MANNER OF INJURY Automobile Accident

NATURE OF INJURY Skull Fracture

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY

(SIGNED) [signature] M. D.

(ADDRESS) Miami

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-25-36—FORM 2—100% RAG