9538

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

State File No. 25

1. PLACE OF DEATH

County Cochise State ARIZONA Registered No. 171

Township Douglas or Village or

City Douglas No. Calumet Hospital 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. 3 mos. 19 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in State where death occurred? 3 yrs. 19 mos. ds.

2. FULL NAME Filberto Antonio Orantes

(a) Residence: No. 839-1st Street St., Ward. (If non-resident give city or town and state)

(Usual place of abode)

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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) 6-15-1937

7. AGE Years Months 3 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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 Country) Douglas Arizona

FATHER

13. NAME Bonifacio H Orantes

14. BIRTHPLACE (city or town) (State or Country) Pirtleville Arizona

MOTHER

15. MAIDEN NAME Helen Miller

16. BIRTHPLACE (city or town) (State or Country) Douglas Arizona

17. INFORMANT (Address) Bonifacio H Orantes 839-1st Street Douglas Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Douglas, Arizona Date 10-4-37

19. EMBALMER License No. 166-A Signature J J McMillen

FUNERAL DIRECTOR Porter & Ames 29-A

Address Douglas, Arizona

20. Filed Oct 5, 1937 E W Adamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-4-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 4, 1937

I last saw hair alive on Oct 4, 1937; death is said to have occurred on the date stated above, at 4-00PM

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

Date of Onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autoposy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no 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) C P Austin, M. D.

(Address) Douglas, Arizona

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information