

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. 84

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. \_\_\_\_\_  
 Township Miami, 304 Warrior Can. or Village \_\_\_\_\_  
 City \_\_\_\_\_ 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 32 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth 32 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME James Marietti How long in State when death occurred 32 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. 304 Warrior Can. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Italian 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married  
 5a. If married, widowed, or divorced HUSBAND of Virginia Marietti (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) March 5 - 1891  
 7. AGE Years 46 Months 10 Days 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mixer  
 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 life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 21, 1938  
 22. I HEREBY CERTIFY, That I attended deceased Jan 21, 1938 19\_\_\_\_  
 I last saw him alive on Jan 21, 1938 death is said to have occurred on the date stated above, at 8:15 A.M.  
 The principal cause of death and related causes of importance were as follows: \_\_\_\_\_ Date of Onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 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) Alvin S. Bennett  
 (Address) Phoenix

12. BIRTHPLACE (city or town) Turin (State or Country) Italy  
 13. NAME William Marietti  
 14. BIRTHPLACE (city or town) Unknown (State or Country) Italy  
 15. MAIDEN NAME Giovanni Guarello  
 16. BIRTHPLACE (city or town) Unknown (State or Country) Italy  
 17. INFORMANT William Marietti (Address) Globe Ariz  
 18. BURIAL, CREMATION, OR REMOVAL Burial Place Pinal Cem. Date 1-23, 1938  
 19. EMBALMER License No. 200 A Signature W. S. McAllan  
 FUNERAL DIRECTOR Miles Montuany Address Miami Ariz  
 20. Filed Jan 27 1938 19\_\_\_\_ Registrar A. P. Brayton