

704

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. 0277

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 21
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. 67I East Oak St. WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
IN CITY OR TOWN WHERE DEATH OCCURRED 56 YRS. _____ MOS. _____ DS. HOW LONG IN STATE WHEN DEATH OCCURRED 56 YRS. _____ MOS. _____ DS.

2. FULL NAME Frank Martin Moreno
(A) RESIDENCE: NO. 67I East Oak St. ST. _____ WARD _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
	<u>56</u>	<u>3</u>	<u>27</u>	

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Construction Foreman

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Inspiration C. Co.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Globe (STATE OR COUNTY) Arizona

FATHER
13. NAME Andrew Moreno
14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____

MOTHER
15. MAIDEN NAME Delfinia Mason
16. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____

17. INFORMANT Mrs. Lillian Moreno (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Feb. 7, 1938

19. EMBALMER LICENSE NO. 187A SIGNATURE [Signature] FUNERAL DIRECTOR License IO A. [Signature] ADDRESS Globe Arizona

20. FILED Feb. 7, 1938 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH 107

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1938

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED Feb 4 1938 TO Feb 5 1938
I LAST SAW HIM ALIVE ON Feb 5, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11-55 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET
Hemolytic strep. infection
Pneumonia
Acute lobar

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ 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 _____, 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) _____ M. D.
(ADDRESS) Globe

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION