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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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Gila State ARIZONA State File No. 036
 Township Miami or Village _____ Registered No. _____
 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 still born How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Baby ~~John~~ Marta How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 714 Live oak st St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write word) <u>single</u>	21. DATE OF DEATH (month, day, and year) <u>2/20/38</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>on Feb 21 1938</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	6. DATE OF BIRTH (month, day, and year) <u>2/20/38</u>		7. AGE		I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.	
	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:	
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 Country) <u>Miami Ariz</u>			13. NAME <u>Jauno Vera</u>		14. BIRTHPLACE (city or town) (State or Country) <u>Guadalajara Mexico</u>	
15. MAIDEN NAME <u>Margarita Marta</u>			16. BIRTHPLACE (city or town) (State or Country) <u>Villahermin Mexico</u>		17. INFORMANT (Address) <u>Town D. Vera 714 Live oak Miami</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pinal Cemetery</u> Date <u>Feb 23 1938</u>			19. EMBALMER License No. <u>1424</u> Signature <u>[Signature]</u>		20. FUNERAL DIRECTOR <u>Marta Matias</u> Address <u>111 E. 15th St</u> File No. <u>1500</u>	
20. Registrar <u>[Signature]</u>			21. (Signed) <u>[Signature]</u> M. D.		22. (Address) <u>Miami</u>	

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 _____