

9251

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 Kila State ARIZONA State File No. 53  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ 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 \_\_\_\_\_ How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Padra Macias Matute How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. 1117 Sullivan St., \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>			21. DATE OF DEATH (month, day, and year) <u>Mar 14, 1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ignacio Matutes</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 13, 1938, to Mar 13, 1938</u> I last saw her alive on <u>Mar 13, 1938</u> ; death is said to have occurred on the date stated above, at <u>1:00 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Myocarditis Chronic</u> <u>Sclerosis</u> Date of Onset _____		
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>		7. AGE Years <u>85</u> Months <u>unknown</u> Days _____ If LESS than 1 day, _____ hrs. or _____ min.		Other contributory causes of importance: <u>None</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Name of operation <u>None</u> Date of _____		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		What test confirmed diagnosis? _____ Was there an autopsy? _____		
12. BIRTHPLACE (city or town) (State or Country) <u>Unknown Mexico</u>		13. NAME <u>Antonio Macias</u>		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.		
14. BIRTHPLACE (city or town) (State or Country) <u>Unknown Mexico</u>		15. MAIDEN NAME <u>Unknown</u>		Manner of injury _____ Nature of injury _____		
16. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>		17. INFORMANT <u>Magdalena Calvillo</u> (Address) <u>Miami Ariz.</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>John W. Walsh</u> M. D. (Address) <u>Miami</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cremial</u> Date <u>3/17, 1938</u>		19. EMBALMER { License No. _____ Signature <u>[Signature]</u> FUNERAL DIRECTOR { Address <u>Miami, Arizona</u>		20. Filed <u>MAR 14 1938</u> Registrar <u>[Signature]</u>		