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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. 062

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. _____
 Township _____ or Village _____
 City Miami No. 718 Peppy Ave 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 16 yrs. _____ mos. _____ ds. How long in U. S. or foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Ventura G. Muñoz How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 718 Peppy Ave 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 Mex. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married
 6a. If married, widowed, or divorced HUSBAND of Maria Garcia Muñoz (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) July, 14, 1878
 7. AGE Years 60 Months 9 Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 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) Agua Caliente (State or Country) Mexico
 13. NAME Crescencio Muñoz
 14. BIRTHPLACE (city or town) Mexico (State or Country) _____
 15. MAIDEN NAME Juana Alvarez
 16. BIRTHPLACE (city or town) Mexico (State or Country) _____
 17. INFORMANT A. H. Muñoz (Address) Miami, Ariz.
 18. BURIAL, CREMATION, OR REMOVAL Place Pinal Date 7/21, 1938
 19. EMBALMER License No. 1425 Signature [Signature]
 FUNERAL DIRECTOR Miles Mortuary Address Miami, Ariz.
 20. Filed APR 8 1938 John S. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1938, to Apr. 6, 1938
 I last saw him live on Apr. 6, 1938; death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Silicosis 12 yrs
Tuberculosis 3 yrs
Hypertension 1 year
 Other contributory causes of importance: _____
 Name of operation X-ray Date of _____
 What test confirmed diagnosis History 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? Yes
 If so, specify _____
 (Signed) John Hagan M. D.
 (Address) Superior, Ariz.