

2399

78

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. \_\_\_\_\_  
 Township Miami 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME James Ortega How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. 4 West Live Oak Canon 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) Infant  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) Dec. 29/327  
 7. AGE Years \_\_\_\_\_ Months 4 Days 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Phoenix Ariz.

13. NAME John Ortega

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or Country) Globe Ariz.

15. MAIDEN NAME Catalina Ortega

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or Country) Gallup New Mex

17. INFORMANT Lucy O. Felix (Address) Miami Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Pinal Cem. Date 5/21/38

19. EMBALMER License No. 200A Signature M. H. McEllan

FUNERAL DIRECTOR Miles Mortuary Address Miami Ariz

20. Filed MAY 21 1938 Registrar Arson D. Brantley (Address) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 2:30 AM.

The principal cause of death and related causes of importance were as follows: \_\_\_\_\_ Date of Onset \_\_\_\_\_

Pertussis

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? No

If so, specify \_\_\_\_\_ (Signed) Arson D. Brantley

\_\_\_\_\_ (Address) Miami Ariz

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.