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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. 68  
Towship \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 68  
City Globe No. Gila County Hospital St. \_\_\_\_\_ Wa. \_\_\_\_\_  
(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 24 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ d

2. FULL NAME Gabriel Mancico How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ d  
(a) Residence: No. South Globe St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)  
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

|  |  |  |
|--|--|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>Mexican</u>           | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of <u>Mrs. Theresa Mancico</u><br>(or) WIFE of _____   |  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>March 18, 1914</u>  |  |  |
| 7. AGE<br>Years <u>24</u><br>Months <u>4</u><br>Days <u>3</u>  | If LESS than 1 day, _____ hrs. or _____ min. |  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Laborer</u>  |  |  |
| 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) <u>Globe</u><br>(State or Country) <u>Arizona</u>  |  |  |
| 13. NAME <u>Alex Mancico</u>   |  |  |
| 14. BIRTHPLACE (city or town) <u>Tucson</u><br>(State or Country) <u>Arizona</u>   |  |  |
| 15. MAIDEN NAME <u>Victoria Guerena</u>  |  |  |
| 16. BIRTHPLACE (city or town) <u>New Mexico</u><br>(State or Country)  |  |  |
| 17. INFORMANT <u>Lucas Mancico</u><br>(Address) <u>Globe Arizona</u>   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Globe Cemetery</u> Date <u>July 24, 1938</u>   |  |  |
| 19. EMBALMER License No. <u>18-A</u><br>Signature <u>[Signature]</u><br>FUNERAL DIRECTOR License No. <u>10-A</u><br>Address <u>Globe Arizona</u><br>Signature <u>[Signature]</u> |  |  |
| 20. Filed <u>July 24, 1938</u> Registrar <u>[Signature]</u>  |  |  |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938, to \_\_\_\_\_, 19\_\_\_\_  
I first saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:  
Stychnine Poisoning  
Date of Onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Toxic analysis for Date of \_\_\_\_\_  
What test confirmed diagnosis? Stychnine Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 7-21, 1938  
Where did injury occur? Globe, Ariz.  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place  
home

Manner of injury \_\_\_\_\_  
Nature of injury Tox 1/2 of Stychnine  
Was disease or injury in any way related to occupation of deceased?  
No

If so, specify \_\_\_\_\_  
(Signed) [Signature] M. I.  
(Address) Globe, Arizona