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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.

MARGIN RESERVED FOR BINDING

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Sila State ARIZONA Registered No. 10
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Roberto Murray Jr
Length of residence in city or town when death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If not resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Mex. 4. COLOR OR RACE Spanish 5. SINGLE, MARRIED, WIDOWED or DIVORCED, (write the word) _____
6. DATE OF BIRTH (month, day, and year) Feb 5 1938
7. AGE Years 5 Months _____ Days 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Ray
13. NAME Roberto Murray
14. BIRTHPLACE (city or town) (State or Country) Ray
15. MAIDEN NAME Maria Encina
16. BIRTHPLACE (city or town) (State or Country) Ray
17. INFORMANT (Address) Roberto Murray
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19.
19. EMBALMER License No. _____ Signature _____
FUNERAL DIRECTOR L. L. HUTTON
Address WINKELMAN, ARIZONA
20. Filed JULY 31, 1938 Registrar M. D. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1938
22. I HEREBY CERTIFY THAT I attended deceased from July 19 1938 to July 21 1938
I last saw him live on July 31 1938, death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
(113) Rheumy + enteritis. Date of Onset 6-27-
Other contributory causes of importance: Otitis media
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No 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) Charles [Signature] M. D.
(Address) Hayden Ariz