9128

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

State File No. 85

Registered No. 68

1. PLACE OF DEATH

County: Graham State: ARIZONA

Township: Solomonville or Village: or

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: 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Jose M. Colvin How long in State when death occurred? 20 yrs. mos. ds.

(a) Residence: No. Solomonville, Arizona 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: Mexican

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, and year): March 18, 1918

7. AGE: Years 20 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

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): Solomonville Arizona

FATHER

13. NAME: Pablo Colvin

14. BIRTHPLACE (city or town) (State or Country): New Mexico

MOTHER

15. MAIDEN NAME: Carolina Lopez

16. BIRTHPLACE (city or town) (State or Country): Arizona

17. INFORMANT: Mrs. Colvin Jr. (Address): Solomonville, Arizona

18. BURIAL, CREMATION, OR REMOVAL: Place: San Jose Date: 8/9, 1938

19. EMBALMER: License No. Signature: W. B. Dawson

FUNERAL DIRECTOR: W. B. Dawson

Address: Safford, Ariz.

20. Filed: Sept 9, 1938 W. H. Shelton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 8/8/, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1938 to August 8, 1938

I last saw him alive on August 2, 1938; death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Pneumonia — Date of Onset 8/2/38

Other contributory causes of importance:

T. B.

Name of operation: None Date of: ------

What test confirmed diagnosis? Dr. X-ray 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?

If so, specify

(Signed) Richard H. Stratton, M. D.

(Address) Box 8, Safford, Ariz.

10M—6-12-36—MS—Form 3—1009 RAG Back of Certificate to be used for any Additional Information