

9136

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

1. PLACE OF DEATH  
 County: Greenlee State: ARIZONA State File No. 93  
 Township: Morenci or Village: \_\_\_\_\_ Registered No. 19  
 City: Morenci No. Phelps Dodge Hospital 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: 36 yrs. 3 mos. 3 ds. How long in U. S. of foreign birth? 36 yrs. 3 mos. 3 ds.  
 2. FULL NAME: Joe Vidone How long in State where death occurred? 36 yrs. 3 mos. 3 ds.  
 (a) Residence: No. Morenci Ariz St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>			21. DATE OF DEATH (month, day, and year) <u>Aug 14, 1938</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Don't know</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 14, 1938</u> to <u>Aug 14, 1938</u> , 19 <u>38</u>			
6. DATE OF BIRTH (month, day, and year) <u>11 1973</u>				I last saw him alive on <u>Aug 14, 1938</u> ; death is said to have occurred on the date stated above, at <u>6:50</u> m.			
7. AGE <u>about 65?</u> <u>9</u> Years <u>3</u> Months <u>3</u> Days		If LESS than 1 day, _____ hrs. or _____ min.		The principal cause of death and related causes of importance were as follows:		Date of Onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>				<u>Influenza</u>		<u>Aug 4</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Copper</u>						
	10. Date deceased last worked at this occupation (month and year) <u>1937</u>				11. Total time (years) spent in this occupation <u>25 yrs</u>		
12. BIRTHPLACE (city or town) (State or Country) <u>Italy</u>							
MOTHER	13. NAME <u>Don't know</u>						
	14. BIRTHPLACE (city or town) (State or Country) <u>Alexandria Italy</u>						
	15. MAIDEN NAME <u>Don't know</u>						
16. BIRTHPLACE (city or town) (State or Country) <u>Alexandria Italy</u>							
17. INFORMANT <u>Cesar Carbonero</u> (Address) <u>Morenci Ariz</u>							
18. BURIAL, CREMATION, OR REMOVAL Place: <u>Morenci Cemetery Aug 15, 1938</u>							
19. EMBALMER License No. _____ Signature: <u>[Signature]</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____			
FUNERAL DIRECTOR Address: <u>Clifton Ariz</u>				Where did injury occur? _____ (Specify city or town, county and State)			
20. File No. <u>Aug 15, 1938</u>				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? <u>no</u>			
				If so, specify _____			
				(Signed) <u>[Signature]</u> M. D.			
				(Address) <u>Morenci</u>			