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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.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS			
1. PLACE OF DEATH		State File No. _____	
County <u>Gila</u>	State <u>ARIZONA</u>	Registered No. <u>86</u>	
Township _____	or Village _____		
City <u>Globe</u>	No. <u>Ice House Canyon</u> 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 <u>55</u> yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth? <u>55</u> yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Mateo Rivas</u>		How long in State when death occurred? <u>55</u> yrs. _____ mos. _____ ds.	
(a) Residence: No. <u>Ice House Canyon</u> St. _____		Ward _____	
(Usual place of abode)		(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>Mexican</u>	21. DATE OF DEATH (month, day, and year) <u>Sept. 19, 1938</u>	
5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 10, 1938</u> to <u>Sept. 19, 1938</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____		I last saw him alive on <u>Sept. 18, 1938</u> ; death is said to have occurred on the date stated above, at <u>6 A. m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>1852</u>		The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>86</u>	Months _____	Days _____
If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset <u>About 1928</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wood-cutter</u>		Other contributory causes of importance: <u>Atherosclerosis</u> <u>about 1928</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		<u>Chronic Myocarditis</u> <u>1928</u>	
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) <u>Mexico</u>		Name of operation <u>none</u> Date of _____	
13. NAME <u>Unknown</u>		What test confirmed diagnosis? <u>Examination</u> Was there an autopsy? <u>no</u>	
14. BIRTHPLACE (city or town) (State or Country) _____		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
15. MAIDEN NAME <u>Unknown</u>		Where did injury occur? _____ (Specify city or town, county and State)	
16. BIRTHPLACE (city or town) (State or Country) _____		Specify whether injury occurred in industry, in home, or in public place. _____	
17. INFORMANT <u>Martin Sanchez</u> (Address) <u>Globe Arizona</u>		Manner of injury _____	
18. BURIAL <del>PLACE</del> <u>Globe Cemetery</u> Date <u>Sept. 20, 1938</u>		Nature of injury _____	
19. EMBALMER License No. <u>18 A.</u> Signature <u>[Signature]</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
FUNERAL DIRECTOR License <u>10 A.</u> Signature <u>[Signature]</u>		If so, specify _____	
Address <u>Globe Arizona</u>		(Signed) <u>T. C. Jasper</u> M. D.	
20. Filed <u>Sept. 20, 1938</u> Registrar. <u>[Signature]</u>		(Address) <u>Globe, Arizona</u>	