

2078

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

State File No. **060**

1. PLACE OF DEATH  
County Pima State ARIZONA Registered No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami 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 2 yrs. 4 mos. 6 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Miguel Pasqua Mendocano State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. 406 Kiche Canyon 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>Mex</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)			21. DATE OF DEATH (month, day, and year) <u>10-2, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 30, 1938</u> to <u>Oct 2, 1938</u> , 19 <u>38</u> I last saw <u>h</u> alive on <u>Oct 2, 1938</u> ; death is said to have occurred on the date stated above, at <u>1157 P.M.</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				The principal cause of death and related causes of importance were as follows: <u>Intens. colitis</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 26 1936</u>					Date of Onset <u>Sept 30 1938</u>	
7. AGE Years <u>2</u> Months <u>4</u> Days <u>6</u> If LESS than 1 day, _____ hrs. or _____ min.						
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Other contributory causes of importance: _____	
	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>Miami</u> (State or Country) <u>Ariz</u>						
MOTHER	13. NAME <u>Miguel Mendocano</u>					
	14. BIRTHPLACE (city or town) <u>Tucson</u> (State or Country) <u>Ariz</u>					
	15. MAIDEN NAME <u>Petra Pasqua</u>					
FATHER	16. BIRTHPLACE (city or town) <u>Tucson</u> (State or Country) <u>Arizona</u>					
	17. INFORMANT (Address) <u>Miguel Mendocano</u> <u>406 Kiche Canyon</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Superior Ariz</u> Date <u>10-3, 1938</u>						
19. EMBALMER License No. <u>200 A</u> Signature <u>Mrs. M. J. Llanos</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> Address <u>Miami Ariz</u>						
20. Filed <u>Oct 4, 1938</u> Nelson W. Peyton Registrar P.S.						
					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> 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.	
					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Byrd M. Brown</u> M. D. (Address) <u>Miami Ariz</u>	