

2083

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** 65

BUREAU OF VITAL STATISTICS STATE FILE NO. 065

1. PLACE OF DEATH: COUNTY Gila STATE ARIZONA REGISTERED NO. 12
 TOWNSHIP Hayden OR VILLAGE _____ OR _____
 CITY Hayden NO. _____ ST. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: 27 YRS. 3 MOS. 7 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH: 35 YRS. 3 MOS. 3 DS.

2. FULL NAME Secundino Q. Quesada HOW LONG IN STATE WHEN DEATH OCCURRED: 27 YRS. 3 MOS. 3 DS.
 (A) RESIDENCE: NO. Hayden, Ariz. ST. Ariz. W. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>met.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 8, 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>CONCEPCION QUESADA</u> <u>ACUNA</u>					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Aug. 8, 1938</u> TO <u>Oct. 8, 1938</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY 1, 1893</u>					I LAST SAW HIM ALIVE ON <u>Sept 1, 1938</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:50 P. M.</u>	
7. AGE	YEARS <u>45</u>	MONTHS <u>3</u>	DAYS <u>7</u>	IF LESS THAN 1 DAY—HRS. OR MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Laborer</u>				DATE OF ONSET <u>1937</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Copper mill</u>					
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Sept, 1937</u>				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>20</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>JALISCO, Mexico</u>						
MOTHER	13. NAME <u>Secundino Q. Quesada</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>JALISCO, Mexico</u>					
	15. MAIDEN NAME <u>FRANCISCA Quesada</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>JALISCO, Mexico</u>						
17. INFORMANT (NAME AND ADDRESS) <u>Don Secundino Q. Quesada, Hayden, Ariz.</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WILKINSON MAN. HALL</u> DATE <u>Oct 10, 1938</u>						
19. EMBALMER	LICENSE NO. <u>PT 1111</u>					
	SIGNATURE <u>P. H. Sullivan</u>					
FUNERAL DIRECTOR	SIGNATURE <u>P. H. Sullivan</u>					
	ADDRESS <u>W. Wilkerson</u>					
20. FILED <u>Oct 10, 1938</u> <u>W. P. Dashi</u> REGISTRAR						
					NAME OF OPERATION <u>none</u> DATE OF WHAT TEST CONFIRMED DIAGNOSIS? <u>Clinical</u> AS THERE AN AUTOPSY? <u>no</u>	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 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? <u>no</u>						
IF SO, SPECIFY (SIGNED) <u>John G. Arnie</u> M. D. (ADDRESS) <u>Hayden, Ariz.</u>						