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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. 693 North Deveraux St. 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 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in \_\_\_\_\_ State on foreign birth? 56 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
How long in \_\_\_\_\_ State when death occurred? 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Jose Parra  
(a) Residence: No. 693 North Deveraux St. St. \_\_\_\_\_  
(Usual place of abode) (Non-resident give city or town and state)

State File No. \_\_\_\_\_  
Registered No. 21

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed

5a If married, widowed, or divorced  
HUSBAND of Florentina Parra  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 1886

7. AGE Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner & Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 Yrs.  
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) Mexico

MOTHER FATHER  
13. NAME Leandro Parra  
14. BIRTHPLACE (city or town) (State or Country) Mexico  
15. MAIDEN NAME No record  
16. BIRTHPLACE (city or town) (State or Country) Mexico

17. INFORMANT Mrs. Frank D. Rivera  
(Address) Globe Arizona

18. BURIAL ~~XXXXXXXXXXXXXXXXXXXX~~  
Place Globe Cemetery Date Feb 26, 1939

19. EMBALMER License No. 18-A  
Signature [Signature]  
FUNERAL DIRECTOR License 10-A  
Address Globe Arizona  
20. Filed Feb 28, 1939 Registrar [Signature]

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1939, to Feb 25, 1939  
I last saw him alive on Feb 24, 1939; death is said to have occurred on the date stated above, at 6-30 PM  
The principal cause of death and related causes of importance were as follows:  
Cardiac renal complex Date of Onset 956

Other contributory causes of importance:  
Old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_ M. D.  
(Signed) R. D. Kennedy  
(Address) Globe Arizona