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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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County GILA State ARIZONA State File No. 91
 Township _____ or Village _____ Registered No. 59
 City GLOBE No. RUIZ CANYON 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 1 yrs. 7 mos. 6 ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME GUADALUPE MANCICO How long in State when death occurred 1 yrs. 7 mos. 6 ds.
 (a) Residence: No. RUIZ CANYON St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX FEMALE	4. COLOR OR RACE MEXICAN	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) SINGLE			21. DATE OF DEATH (month, day, and year) JULY 18, 1939	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>July 10, 1939</u> , to <u>July 18, 1939</u> . I last saw her alive on <u>July 17, 1939</u> ; death is said to have occurred on the date stated above, at <u>2:40 a. m.</u>		
6. DATE OF BIRTH (month, day, and year) <u>12/12/37</u>				The principal cause of death and related causes of importance were as follows:		Date of Onset
7. AGE		Years <u>1</u>	Months <u>7</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.	<u>7-5-39</u>
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>GLOBE</u> (State or Country) <u>ARIZONA</u>						
FATHER	13. NAME <u>GABRIEL MANCICO</u>					
	14. BIRTHPLACE (city or town) <u>GLOBE</u> (State or Country) <u>ARIZONA</u>					
MOTHER	15. MAIDEN NAME <u>ESTHER SANCHEZ</u>					
	16. BIRTHPLACE (city or town) <u>GLOBE</u> (State or Country) <u>ARIZONA</u>					
17. INFORMANT <u>ESTHER MANCICO</u> (Address) <u>GLOBE, ARIZONA</u>						
18. BURIAL, CREMATION, OR REMOVAL BURIAL Place <u>GLOBE CEMETERY</u> Date <u>JULY 19, 1939</u>						
19. EMBALMER License No. <u>10-A</u> Signature <u>Fred R. Jones</u> FUNERAL DIRECTOR <u>10-A Fred R. Jones</u> Address <u>GLOBE, ARIZONA</u>						
20. Filed <u>July 19, 1939</u> Registrar <u>Lucas Hanner</u>						
				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.		
				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>		
				If so, specify _____ (Signed) <u>T. C. Harper</u> , M. D. (Address) <u>Globe, Ariz.</u>		