

1141

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
County Gila State ARIZONA State File No. 84
Township _____ or Village _____ Registered No. 70
City Globe No. 920 North Broad 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 20 yrs. _____ mos. _____ ds. How long in U. S. _____ yrs. _____ mos. _____ ds. of foreign birth 33 yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Renon How long in State when death occurred 20 yrs. _____ mos. _____ ds.
(a) Residence: No. 920 North Broad St. St. _____ 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>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Aug. 23, 1939</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mrs. Regina Renon</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 21, 1939, to Aug 23, 1939</u>	
6. DATE OF BIRTH (month, day, and year) <u>May 18, 1882</u>				I last saw <u>him</u> alive on <u>Aug 23, 1939</u> ; death is said to have occurred on the date stated above, at <u>11:45 AM</u>	
7. AGE	Years <u>57</u>	Months <u>3</u>	Days <u>5</u>	If LESS than 1 day _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Pulmonary tuberculosis</u> Date of Onset <u>1937</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired-Merchant & Miner</u>			Other contributory causes of importance:	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Miner</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) <u>Gosaldo</u> (State or Country) <u>Italy</u>					
FATHER	13. NAME <u>John Renon</u>				
	14. BIRTHPLACE (city or town) (State or Country) <u>Italy</u>				
MOTHER	15. MAIDEN NAME <u>Maria Paganin</u>				
	16. BIRTHPLACE (city or town) (State or Country) <u>Italy</u>				
17. INFORMANT (Address) <u>Mrs. Regina Renon</u> <u>Globe Ariz.</u>					
18. BURIAL Place <u>Globe Cemetery</u> Date <u>Aug. 27, 1939</u>					
19. EMBALMER License No. <u>184</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR License <u>104</u> Signature <u>[Signature]</u> Address <u>Globe Ariz.</u>					
20. Filed <u>Aug 27 1939</u> Registrar <u>[Signature]</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.
Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. D. Kennedy M. D.
(Address) Globe Ariz.