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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.

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

1. PLACE OF DEATH
County Gila State ARIZONA State File No. 99
Township _____ or Village _____ Registered No. 99
City Gila County Isolation Hospital 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 16 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Trino Nary How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(a) Residence: 715 Live Oak St. Miami (Usual place of abode) (If non-resident, give city, town, and state)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of Mrs. Jesus Nary (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 1899

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 40

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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) Morenci (State or Country) ARIZ.

FATHER

13. NAME No record

14. BIRTHPLACE (city or town) Mexico (State or Country) _____

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (city or town) Mexico (State or Country) _____

17. INFORMANT Mrs. Jesus Nary (Address) Miami Ariz.

18. BURIAL ~~Place~~ Pinal Cemetery Date Dec. 1, 1939

19. EMBALMER { License No. 118-A Signature Fred O. Jones FUNERAL DIRECTOR License 10-A Signature Fred O. Jones Address Globe Arizona

20. Filed Dec. 1, 1939 Registrar Fred O. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1939 to Nov 29, 1939
I last saw him alive on Nov 28, 1939; death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows: Venous Angina asphyxia
Other contributory causes of importance: _____
Date of Onset _____

Name of operation None Date of _____
What test confirmed diagnosis? Slide Was there an autopsy? No

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? No
If so, specify _____
(Signed) N. O. Wheeler M. D.
(Address) Globe Ariz.