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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 State File No. **74**

1. PLACE OF DEATH
County Gila State ARIZONA Registered No. _____
Township _____ or Village _____
City Miami No. Miami Inspiration Hosp 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. if of foreign birth? _____ yrs. _____ mos. _____ ds.
How long in State when death occurred? 29 yrs. _____ mos. _____ ds.

2. FULL NAME Antonio Ozuna
(a) Residence: No. Miami Arizona St. _____ Ward _____ (If non-resident give city or 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 Amelia Ozuna (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb 25, 1911

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
28 9 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. beaching boat

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 4

12. BIRTHPLACE (city or town) Clifton (State or Country) Arizona

MOTHER FATHER

13. NAME Antonio Ozuna

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

15. MAIDEN NAME Apollia Merry

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

17. INFORMANT Anastar Ozuna (Address) Miami Arizona

18. BURIAL, CREMATION, OR REMOVAL
Place Final Cem. Date 12-27, 1939

19. EMBALMER License No. 24 R-A
Signature John C. Salsbery
FUNERAL DIRECTOR Rita E. Miles
Address Miami, Arizona

20. Filed 12-25, 1939 Nelson J. Grayton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-10-39, 19____, to 12-24-39, 19____
I last saw him alive on 24-39, 19____; death is said to have occurred on the date stated above, at 9:45 A.

The principal cause of death and related causes of importance were as follows: Ruptured Liver Abscess - Peritonitis Date of Onset _____

Other contributory causes of importance: _____

Name of operation Drainage Date of 12-10-39

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) J. E. Harris
(Address) Miami, Ariz