9604

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. 654

1. PLACE OF DEATH

County Santa Cruz State ARIZONA Registered No. 21

Township Duquesne or Village ..... or

City ..... No. ~~Washington Camp~~ Kansas Mine of Callahan Zinc-Lead Co. 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 — yrs. 3 mos. — ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pedro Cames also known as How long in State when death occurred 23 yrs. ..... mos. ..... ds.

Espiridion Camez

(a) Residence: (Washington Camp, near Duquesne) (Usual place of abode) ; (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 (or) WIFE of: Refugio Camez

6. DATE OF BIRTH (month, day, and year): Aug. 9, 1916

7. AGE: Years 23 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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.: Callahan Zinc-Lead Co.

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): Chilito Camp, Hayden, Ariz.

FATHER

13. NAME: Francisco Camez

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

MOTHER

15. MAIDEN NAME: Maria Zamora

16. BIRTHPLACE (city or town) (State or Country): Johnsonville Ariz.

17. INFORMANT (Address): Francisco Camez, Duquesne, via Patagonia, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place: Nogales, Ariz. Date: Feb. 24, 1940

19. EMBALMER: License No. ..... Signature .....

FUNERAL DIRECTOR: Carroon Mortuary

Address: Nogales, Ariz.

20. Filed 2/24/40, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows: Accidental death due to a dynamite explosion in the 220 drift of the Kansas mine, on the Duquesne property, Santa Cruz Co., Arizona.

Date of Onset

Other contributory causes of importance:

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? ~~yes~~

If so, specify ~~while working in said drift.~~

(Signed) Cyril L. Forsythe CORONER

(Address) Patagonia, Ariz.

10M—5-25-39 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information