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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.

SOCIAL SECURITY NO.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 262

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 27

Township ..... or Village ..... or

City Phoenix No. St. Josephs Hospital 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. ..... mos. 2 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ignacio Briones How long in State when death occurred? ..... yrs. ..... mos. ..... ds.

(a) Residence: Buckeye, Ariz. ; ..... (If non-resident give city or town and state)

(Usual place of abode)

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PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12, 1940

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

OCCUPATION

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

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) (State or Country) Buckeye Ariz.

FATHER

13. NAME Manuel Briones

14. BIRTHPLACE (city or town) (State or Country) El Paso Texas

MOTHER

15. MAIDEN NAME Conception Rodriguez

16. BIRTHPLACE (city or town) (State or Country) San Antonio Texas

17. INFORMANT (Address) Manuel Briones Buckeye, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Palo Verde Date 5/22, 1940

19. EMBALMER { License No. No embalming Signature

FUNERAL DIRECTOR Manuel Briones

Address Buckeye, Ariz.

20. Filed 5-21-40 19 Beulah Nannonce Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5-20-, 1940 to 5-21-, 1940

I last saw him alive on 5-20-, 1940; death is said to have occurred on the date stated above, at 11.30 A.

The principal cause of death and related causes of importance were as follows: Prematurity (6 mo.)

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? .....

If so, specify .....

(Signed) S. Paniglia, M. D.

(Address) .....

10M—5-25-39 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information