

2426

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 29107
 Registrar's No. 29107

1. Place of Death: (a) County Greenlee (b) City or Town Moenie (c) Location Moenie Hospital
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community 41 years; In Arizona 41 years
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Greenlee (c) City or Town Moenie
 (If outside city limits also write RURAL)

(d) Street No. _____

3. (a) FULL NAME Mr. Marcelino Aragon (b) If veteran name was None (c) Social Security No. None
 (If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widow or divorced divorced
 6. (b) Name of husband or wife Estanislada Diggas 6. (c) Age of husband or wife, if alive 39 yrs.

7. Birthdate of deceased June 1879
 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Chihuahua Mexico
 (City, town or county) (State or Country)

10. Usual Occupation Ranching

11. Industry or Business None

12. Name Mr. Marcelino Aragon
 13. Birthplace Chihuahua Mexico
 (City, town or county) (State or Country)

14. Maiden Name Estanislada Diggas
 15. Birthplace Moenie Arizona
 (City, town or county) (State or Country)

16. (a) Informant's own signature Walter Aragon
 (b) Address Moenie Arizona 1942

17. (a) Burial, Cremation or Removal Buried
 (b) Place Moenie (c) Date 3/31 1942

18. (a) Embalmer's Signature Walter Aragon
 (b) Funeral Director MERRILL FUNERAL HOME
 (c) Address Clifton Ariz

19. (a) Mr. J. J. [unclear] 1942
 (b) [unclear]
 (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) March 29 1942
 TIME (Hour and minute) 7:30 A.M.

21. I hereby certify that I attended the deceased from Saturday March 28, 1942 to March 29, 1942 that I last saw him alive on March 28 to 29, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis & Cholelithiasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or Town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____
 (e) Means of injury _____

While at work? _____

23. Signature W. J. [unclear] M. D.
 Address Moenie, Ariz Date signed 3-30-42

DURATION 1 mo

PHYSICIAN Underline the cause to which death should be charged statistically.