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**ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **98**
 Registrar's No. **16**
Santa Street
 (St. & No. (or) Name of Institution)
 In Arizona **48 yrs.**
 (If outside city limits also write RURAL)
 (e) Citizen of foreign country (Yes or No) **No**
 If Yes, which country _____
 (c) Social Security No. **526-14-923**

1. Place of Death: (a) County **COLA** (b) City or Town **COBÉ** (c) Location _____
 (If outside city limits also write RURAL)
 (d) Length of Stay: In Hospital or Institution **none**; In Community **24 YEARS**; In Arizona _____
 (Specify whether years, months or days)
 2. Usual Residence of Deceased: (a) State **Arg.** (b) County **Bila** (c) City or Town **Blake**
 (If outside city limits also write RURAL)
 (d) Street No. **Santa St.** (e) Citizen of foreign country (Yes or No) **No**
 If Yes, which country _____
 3. (a) FULL NAME **ALEX MARISCAL** (b) If Veteran name war **NONE** (c) Social Security No. **526-14-923**

4. Sex M	5. Race White <input type="checkbox"/> Indian <input type="checkbox"/> Negro <input type="checkbox"/> Oriental <input type="checkbox"/> MEXICAN	6. (a) Single, <u>married</u> , widowed or divorced
6. (b) Name of husband or wife BELEN MARISCAL		6. (c) Age of husband or wife, if alive 39 yrs.
7. Birthdate of deceased APRIL 9 1894 (Month) (Day) (Year)		
8. AGE: Years 49	Months 9	Days 5 hrs. _____ min. _____
9. Birthplace EL PASO TEXAS (City, town or county) (State or Country)		
10. Usual Occupation MINER		
11. Industry or Business Brighton Co. Cattle Ranch		
Father	12. Name SILVIANO MARISCAL	
	13. Birthplace MEXICO (City, town or county) (State or Country)	
Mother	14. Maiden Name MACE DONIA GUERRERO	
	15. Birthplace MEXICO (City, town or county) (State or Country)	

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **Jan. 14, 1944**
 TIME (Hour and minute) **8:00 A. M.**

21. I hereby certify that I attended the deceased from **July 13, 1943** to **JAN. 14, 1944**
 that I last saw him alive on **JAN. 13, 1944**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **PULMONARY TUBERCULOSIS**

Due to **SILICOSIS**

Other conditions **Collapsed LEFT Lung**
 (include pregnancy within 3 months of death)

Major findings:
 Of operations _____

antopsy _____

DURATION
1 yr.

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **[Signature]**
 (b) Address **SUPERIOR ARIZONA**

17. (a) Burial, Cremation or Removal **Burial**
 (b) Place **Miami Arg.** (c) Date **Jan. 17, 1944**

18. (a) Embalmer's Signature **[Signature]**
 (b) Funeral Director **[Signature]**
 (c) Address **Miami Arg.**

19. (a) **Jan. 24-1943**
 (Date received Local Registrar)
 (b) **[Signature]**
 (Registrar's Signature)

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)

While at work? _____ (e) Means of injury _____

23. Signature **[Signature]** M. D.
 Address **1495 Broad St.** Date signed **Jan. 20, 1944**

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