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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
County	Gila		BUREAU OF VITAL STATISTICS	State Index No. 705
District	Globe		ORIGINAL CERTIFICATE OF DEATH	County Registered No. 119
Town Or City	Globe		No. Mr. View	Local Registrar's No.
FULL NAME			St.	
John Oddonetto			(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
Male	White Indian Black Chinese Mexican	MARRIED WIDOWED or DIVORCED	June 13 1914 (Month) (Day) (Year)	
DATE OF BIRTH	AGE		I hereby certify, that I attended deceased from May 22 1914 to June 23 1914; that I last saw h. alive on June 23 1914, and that death occurred on the date stated above at 6 P.M. The DISEASE or INJURY causing Death was as follows: Pulmonary tuberculosis	
May 17 1867 (Month) (Day) (Year)	47 yrs. mos. days	If less than 1 day hrs., or min.		
OCCUPATION	BIRTHPLACE		Was disease contracted in Arizona? yes	
(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)	Italy		If not, where	
Liquor Dealer			CONTRIBUTORY Hepatic Carcinoma	
PARENTS	BIRTHPLACE OF FATHER		(Duration) yrs. mos. days	
NAME OF FATHER	Italy		(Signed) R. D. Kennedy	
Lorenzo Oddonetto			191 (Address)	
BIRTHPLACE OF FATHER	Italy		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
MAIDEN NAME OF MOTHER	Italy		LENGTH OF RESIDENCE	
Marta Giovando			At place of death 4 yrs 6 mos. ds. In Arizona same ds.	
BIRTHPLACE OF MOTHER	Italy		Former or Usual Residence Colorado	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	PLACE OF BURIAL OR REMOVAL		Filed	
(Informant) Pete Oddonetto	Globe		June 25 1914 B. B. Gray Local Registrar	
(Address) Globe, Ariz.	DATE OF BURIAL OR REMOVAL		Filed July 1 1914 B. B. Gray M. K. County Registrar	
PLACE OF BURIAL OR REMOVAL	Globe			
UNDERTAKER	ADDRESS			
V. L. Jones & Son	Globe, Ariz.			