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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.

ARIZONA STATE BOARD OF HEALTH 738
BUREAU OF VITAL STATISTICS State Index No. _____

ORIGINAL CERTIFICATE OF DEATH County Registered No. 137
Local Registrar's No. 92

PLACE OF DEATH
County Greenlee
District _____
Town _____
Or City Metealf

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Octaviana G Luna

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX <u>Female</u> Color or Race <u>White Indian</u> Black Chinese Mexican MARRIED SINGLE WIDOWED or DIVORCED	DATE OF DEATH <u>June 14 1914</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Unknown</u> 191... (Month) (Day) (Year)	I hereby certify, that I attended deceased from <u>June 7</u> 191... to <u>June 13</u> 191...; that I last saw her alive on <u>June 13</u> 191... and that death occurred on the date stated above at <u>2 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Acute gastritis</u>
AGE <u>58</u> If less than 1 day, mos. ... days ... hrs., or ... min.	
OCCUPATION (a) Trade, profession or particular kind of work... <u>none</u> (b) General nature of industry, business, or establishment in which employed or (employer)..... (Duration)..... yrs..... mos. 10 days.....
BIRTHPLACE (State or country) <u>Mexico</u>	Was disease contracted in Arizona? <u>yes</u>
PARENTS	NAME OF FATHER <u>Mestor Garcia</u>
	BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>
	MAIDEN NAME OF MOTHER <u>Socora Lopez</u>
	BIRTHPLACE OF MOTHER (State or county) <u>Mexico</u>
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Teles Luna</u> (Address) <u>Metealf Arizona</u>	CONTRIBUTORY Duration..... yrs..... mos..... days..... (Signed) <u>R. J. Romo</u> <u>6/14</u> 191... (Address) <u>Metealf</u>
PLACE OF BURIAL OR REMOVAL <u>Metealf Arizona</u> DATE OF BURIAL OR REMOVAL <u>6-15-14</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
UNDERTAKER <u>none</u> ADDRESS _____	LENGTH OF RESIDENCE At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds. Former or Usual Residence.....
	Filed <u>6-14</u> 1914 <u>W. Burns</u> Local Registrar Filed <u>7-4</u> 1914 <u>Law Butch</u> County Registrar