

850

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX Male	Color or Race White Indian Black Chinese Mexican	DATE OF DEATH Feb. 21, 1917 (Month) (Day) (Year)	
MARRIED WIDOWED OR DIVORCED		I hereby certify, that I attended deceased from Feb. 21, 1917 to Feb. 21, 1917 ; that I last saw him alive on Feb. 21, 1917 , and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing Death was as follows: Religious & acute Intestinal Indigestion	
DATE OF BIRTH March 21, 1846 (Month) (Day) (Year)		(Duration) _____ yrs. _____ mos. _____ days	
AGE 70 yrs. 11 mos. _____ days hrs., or _____ min.		Was disease contracted in Arizona? Yes	
OCCUPATION (a) Trade, profession or particular kind of work Retired merchant (b) General nature of industry, business, or establishment in which employed or (employer)		If not, where? _____	
BIRTHPLACE (State or country) New Mexico		CONTRIBUTORY _____	
PARENTS	NAME OF FATHER Ambrosio Armijo	(Duration) _____ yrs. _____ mos. _____ days	
	BIRTHPLACE OF FATHER (State or Country) New Mexico	(Signed) H. M. Gally, M.D.	
	MAIDEN NAME OF MOTHER Candelaria Otera	Feb. 21, 1917 (Address) Prescott, Ariz.	
	BIRTHPLACE OF MOTHER (State or Country) New Mexico	*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above Is True to the Best of My Knowledge (Informant) Armijo, (Address) Prescott, Arizona		LENGTH OF RESIDENCE At place of death 1 yrs. 2 mos. 15 ds. In Arizona 1 yrs. 1 mos. 15 ds.	
PLACE OF BURIAL OR REMOVAL Mt. View Cemetery	DATE OF BURIAL OR REMOVAL Feb. 26, 1917	Former or Usual Residence _____	
UNDERTAKER Lester Ruffner	ADDRESS Prescott, Arizona.	Filed 3/9 1917 Harry F. Southworth Local Registrar John H. Henry County Registrar	

PLACE OF DEATH

ARIZONA STATE BOARD OF

BUREAU OF VITAL STATISTICS

814

State In. No. _____

County **Yavapai**
District **Prescott**
Town **Prescott**
Or City _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. **29**
Local Registrar's No. _____

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

FULL NAME **J. B. Armijo**