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Brayton

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. REGISTRAR'S NO. 44

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE	
A. COUNTY <i>Gila</i>		A. STATE <i>Ariz</i>		B. COUNTY <i>Gila</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami</i>		D. STREET ADDRESS <i>379 Sykes Ave.</i>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>15 yrs. 48 yrs.</i>		4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>379 Sykes Ave.</i>		3. NAME OF DECEASED		6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
A. (FIRST) <i>Augustine</i>		B. (MIDDLE)		C. (LAST) <i>Peyes</i>	
7. DATE OF BIRTH		B. AGE		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.)	
MONTH DAY YEAR <i>Sept. ? 1879</i>		YEARS MONTHS DAYS <i>70 0 -</i>		<i>Machinist</i>	
9B. KIND OF BUSINESS OR INDUSTRY <i>Mining</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Sonora Mex.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
14A. FATHER'S NAME <i>José Valencia</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		15A. MOTHER'S MAIDEN NAME <i>Hilaria Peyes</i>	
16. INFORMANT'S SIGNATURE <i>Hilaria Machinist</i>		ADDRESS <i>Miami Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Aug. 29 1949</i>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Tuberculosis</i>		<i>5-27-49</i>	
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			
PLACE DISEASE CONTRACTED.		DUE TO (B)			
		DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>on to Aug 29 19 49</i> THAT I LAST SAW THE DECEASED <i>on Aug 29 19 49</i> AND THAT DEATH OCCURRED AT <i>6:11 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <i>Alison D Brayton</i>		23B. ADDRESS <i>Miami Ariz</i>		23C. DATE SIGNED <i>Sept 1 1949</i>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Sept. 1 1949</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>		25A. DATE REC'D BY REG. <i>Sept 1 1949</i>		25B. REGISTRAR'S SIGNATURE <i>Alison D Brayton</i>	
25C. FUNERAL DIRECTOR'S SIGNATURE <i>Rita S. Miles</i>		ADDRESS <i>Miami Ariz</i>			