

2690

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
County Pinal
District _____
Town _____
Or City Florence

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 239 State Index No. 7070
ORIGINAL CERTIFICATE OF DEATH County Registered No. 41
Local Registrar's No. _____

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

FULL NAME Steve Aguirre

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican
DATE OF BIRTH <u>Sept - Aug 1913</u> (Month) (Day) (Year)	SINGLE MARRIED WIDOWED or DIVORCED
AGE <u>44</u> yrs. mos. days	If less than 1 day, hrs., or min.
OCCUPATION (a) Trade, profession or particular kind of work. <u>Welder</u> (b) General nature of industry, business, or establishment in which employed or (employer).....	
BIRTHPLACE (State or country) <u>New Mexico</u>	
PARENTS	
NAME OF FATHER <u>Aptacio Aguirre</u>	
BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>	
MAIDEN NAME OF MOTHER <u>Circa Gutierrez</u>	
BIRTHPLACE OF MOTHER (State or county) <u>New Mexico</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Abc Aguirre</u>	
(Address) _____	
PLACE OF BURIAL OR REMOVAL <u>Bay Arizona</u>	DATE OF BURIAL OR REMOVAL 19 <u>13</u>
UNDERTAKER	ADDRESS

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Sept 11 1913</u> (Month) (Day) (Year)	
I hereby certify, that I attended deceased from <u>Aug 27</u> 19 <u>13</u> to <u>Sept 11</u> 19 <u>13</u> ; that I last saw him alive on <u>Sept 11</u> 19 <u>13</u> and that death occurred on the date stated above at <u>6 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>broken leg</u>	
..... (Duration) yrs. mos. days.....	
Was disease contracted in Arizona? <u>Yes</u>	
If not, where? _____	
CONTRIBUTORY _____	
(Signed) <u>E. F. Huffer</u> <u>Sept 12 1913</u> (Address) <u>Florence Ariz</u>	
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
LENGTH OF RESIDENCE	
At place of death.... yrs. mos. ds. In Arizona.... yrs. mos. ds.	
Former or Usual Residence _____	
Filed <u>Sept 12 1913</u> <u>Florence</u> Local Registrar	
Filed <u>Sept 12 1913</u> <u>Florence</u> County Registrar	