

4565

414

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS STATE FILE NO. 414

1. PLACE OF DEATH COUNTY Pinal STATE ARIZONA REGISTERED NO. 36

TOWNSHIP _____ OR VILLAGE _____ OR CITY Superior NO. Res. On Diaz St. ST. _____ WARD _____

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 13 YRS. 50 MOS. 10 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. 50 MOS. 10 DS. HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Abraham Aguirre WARD _____ ST. _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mannela Aguirre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1875

7. AGE YEARS 59 MONTHS 7 DAYS 2 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Storekeeper

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Grocery Store

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 7-29 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 20

12. BIRTHPLACE (CITY OR TOWN) Silver City (STATE OR COUNTY) New Mexico

13. NAME Stephen Aguirre

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY) New Mexico

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY) New Mexico

17. INFORMANT Anita Munez (ADDRESS) Los Angeles California.

18. BURIAL, CREMATION, OR REMOVAL PLACE Superior, Ariz. DATE 8-7, 1935

19. EMBALMER LICENSE NO. 18-A SIGNATURE Jed D. Jones FUNERAL DIRECTOR LICENSE NO. 10A SIGNATURE Jed D. Jones ADDRESS 1015 Superior Ave. Superior, Ariz.

20. FILED Aug 1, 1935 G.K. Suddhome (ADDRESS) Superior, Ariz.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 7-29, 1935 TO 7-30, 1935 I LAST SAW HIM ALIVE ON 7-29, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:20 a.m.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Commotio Cerebri DATE OF ONSET 7-29-35

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chest Crushed 7-29-35

NAME OF OPERATION None DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE DATE OF INJURY 7-29, 1935 WHERE DID INJURY OCCUR? Superior, Ariz. Garage (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE Garage MANNER OF INJURY Car he was cranking over him NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no IF SO, SPECIFY _____ (SIGNED) Paul M. Peterson, M. D. (ADDRESS) Superior, Ariz.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.