

2363

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Mohave State Arizona State File No. 400
 District or Township Kingman or Village _____ Registered No. 20
 City Kingman No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Estanislao Olea
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE Mexican 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) May 7 - 1927

7. AGE Years _____ Months _____ Days 28 IF LESS than day _____ hrs _____ or min. _____

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (city or town) Kingman
 (State or country)

10. NAME OF FATHER Blas Olea

11. BIRTHPLACE OF FATHER Arizona
 (State or country) (city or town)

12. MAIDEN NAME OF MOTHER Chona Fasse

13. BIRTHPLACE OF MOTHER Arizona
 (State or country) (city or town)

14. Informant Blas Olea
 (Address) Kingman, Ariz

15. Filed June 7, 1929 Mrs. Margaret Dolan Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 5 - 1929

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1929 to June 5, 1929
 that I last saw him alive on June 4, 1929

and that death occurred, on the date stated above, at 10:30 a.m.
 The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter Bragio M. D.
June 7, 1929 (Address) Kingman, Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Kingman, Ariz

June 7 - 29

20. UNDERTAKER

ADDRESS

Dr. Martin Kingman, Ariz

INSTRUCTIONS TO PHYSICIANS: This is a legal document. It should be filled out by a physician who has attended the deceased. It should be filled out as soon as possible after death. It should be filled out in the presence of the informant. It should be filled out in the presence of the registrar. It should be filled out in the presence of the undertaker. It should be filled out in the presence of the funeral home. It should be filled out in the presence of the family. It should be filled out in the presence of the community. It should be filled out in the presence of the state. It should be filled out in the presence of the nation. It should be filled out in the presence of the world. It should be filled out in the presence of the universe. It should be filled out in the presence of the God.