AGE should be ...ted EXACTLY. PHYSICIANS ...ould state CAUSE OF DEATH ...ain ter... ...that "i... may be prop... ...sert word "unknown." ...ake every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ____

County Registered No. 86

Local Registrar's No. 7

PLACE OF DEATH

County Greenlee

District ____

Town Metcalf

Or City ____

No. ~~Francisco Lozano~~ St.

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Francisco Lozano

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White, Indian, Black, Chinese, Mexican

~~SINGLE~~, MARRIED ✗, ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Unknown (Month) (Day) 191... (Year)

AGE: 56 yrs. ... mos. ... days | If less than 1 day, ... hrs., or ... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed or (employer): ____

BIRTHPLACE (State or country): Old Mexico

PARENTS

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Old Mexico

MAIDEN NAME OF MOTHER: Ysabel Talamantez

BIRTHPLACE OF MOTHER (State or county): Old Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pedro Lascarau

(Address) Metcalf Arizona

PLACE OF BURIAL ~~OR REMOVAL~~: Metcalf Arizona

DATE OF BURIAL ~~OR REMOVAL~~: 4-3-1913

UNDERTAKER: None

ADDRESS: ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1913 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 12-1-12 1913 to 4/2/13 1913; that I last saw him alive on 4/1/13 1913 and that death occurred on the date stated above at 3 P.M. The DISEASE or INJURY causing Death was as follows: Tuberculosis Consumption

(Duration) ... yrs. ... mos. ... days

Was disease contracted in Arizona? Yes.

If not, where? ____

CONTRIBUTORY ____

(Duration) ... yrs. ... mos. ... days

(Signed) J. A. Gebhart M.D.

191... (Address) Metcalf

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 35 yrs. ... mos. ... ds. In Arizona 35 yrs. ... mos. ... ds.

Former or Usual Residence: Old Mexico

Filed 4-3-1913 W. F. Burns, Local Registrar

Filed 5/5 1913 Lew Butler, County Registrar