9072

PLACE OF DEATH

County.....

District.....

Town

Or City.....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 392

County Registered No. 980

Local Registrar's No. 4282

ORIGINAL CERTIFICATE OF DEATH

No. 712 W. Fillmore St.

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

FULL NAME Frank Pascale

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE, MARRIED ✓, WIDOWED or DIVORCED

DATE OF BIRTH: unknown (Month) (Day) 191 (Year)

AGE: 72 yrs. ..... mos. ..... days

If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Italy

PARENTS

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) V. Lopez

(Address) 712 W. Fillmore

PLACE OF BURIAL OR REMOVAL: Catholic Cem

DATE OF BURIAL OR REMOVAL: Dec 9 1915

UNDERTAKER: Moore & McLellan

ADDRESS: City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. Nov (Month) 8 (Day) 1915 (Year)

I hereby certify, that I attended deceased from 6/6/1915 to 12/8/1915; that I last saw him alive on 12/8/1915, and that death occurred on the date stated above at 3 P.M. The DISEASE or INJURY causing death was as follows:

Fatty degeneration of the heart

(Duration) 2 yrs. x mos. x days

Was disease contracted in Arizona? yes

If not, where? x

CONTRIBUTORY x

(Duration) x yrs. x mos. x days

(Signed) Dr. L. Boido

12/9/1915 (Address) 300 E. Adams

*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. 3 weeks mos. ..... ds. In Arizona 50 yrs. ..... mos. ..... ds.

Former or Usual Residence: Kelvin, Ariz.

Filed Dec 10 1915 H. K. Beauchamp, Local Registrar

Filed 1-16 1916 A. B. Nichols, County Registrar

THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar. The Local Registrar will issue burial or removal permit as desired, upon filing the proper certificate subject to the laws of the State and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know