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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. See instructions on back of certificate.

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

1. PLACE OF DEATH  
County Maricopa State Arizona State File No. 198  
District or Township \_\_\_\_\_ or Village Wickenburg Registered No. 8  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Simone Paquette  
(a) Residence No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? 35 yrs. mos. ds.

| PERSONAL AND STATISTICAL PARTICULARS   |                                   |   |      |   |
|--|-----------------------------------|---|------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR or RACE<br><u>French</u> | 5. SINGLE, MARRIED, WIDOW-ED or DIVORCED.<br>(Write the word)<br><u>Married</u> |      |   |
| 5a. If married, widowed, or divorced<br>HUSBAND of <u>Charlotte Paquette</u><br>(or) WIFE of _____ |                                   |   |      |   |
| 6. DATE OF BIRTH (month, day and year)   |                                   |   |      |   |
| 7. AGE   | Years                             | Months  | Days | IF LESS than 1 day _____ hrs. or _____ min. |
| <u>54</u>  | <u>8</u>                          | <u>28</u>   |      |   |
| 8. OCCUPATION OF DECEASED  |                                   |   |      |   |
| (a) Trade, profession, or particular kind of work <u>Grocery Manager Ship</u>                      |                                   |   |      |   |
| (b) General nature of industry, business or establishment in which employed (or employer)          |                                   |   |      |   |
| (c) Name of employer <u>Self</u>   |                                   |   |      |   |
| 9. BIRTHPLACE (city or town) <u>France</u><br>(State or country)                                   |                                   |   |      |   |
| 10. NAME OF FATHER <u>John Paquette</u>  |                                   |   |      |   |
| 11. BIRTHPLACE OF FATHER _____ (city or town)<br>(State or country) <u>France</u>                  |                                   |   |      |   |
| 12. MAIDEN NAME OF MOTHER <u>Charlotte Anderson</u>  |                                   |   |      |   |
| 13. BIRTHPLACE OF MOTHER _____ (city or town)<br>(State or country) <u>France</u>                  |                                   |   |      |   |
| 14. Informant <u>Charlotte Paquette</u><br>(Address) <u>Wickenburg, Arizona</u>                    |                                   |   |      |   |
| 15. Filed <u>5/6</u> - 19 <u>19</u> <u>J.A. Capelan</u> Registrar.                                 |                                   |   |      |   |

| MEDICAL CERTIFICATE OF DEATH   |   |
|--|---|
| 16. DATE OF DEATH  | <u>5</u> / <u>5</u> / <u>1927</u><br>Month Day Year |
| 17. I HEREBY CERTIFY, That I attended deceased from <u>only after death 4/5</u> , 19 <u>27</u><br>that I last saw him alive on <u>5/4</u> , 19 <u>27</u><br>and that death occurred, on the date stated above, at <u>W.A.</u> m.<br>The CAUSE OF DEATH* was as follows:<br><u>Heart attack</u> |   |
| 18. Where was disease contracted if not at place of death? <u>Heart Know</u>   |   |
| Did an operation precede death? <u>no</u> Date of <u>X</u>   |   |
| Was there an autopsy? <u>no</u>  |   |
| What test confirmed diagnosis? <u>Histology</u><br>(Signed) <u>J.A. Capelan</u> , M. D.<br>19 <u>Wickenburg</u>  |   |
| * 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<br><u>Los Angeles</u>  | DATE OF BURIAL<br><u>5/6</u>                        |
| 20. UNDERTAKER<br><u>Fuel Co -</u>   | ADDRESS<br><u>Wickenburg</u>                        |