

1240

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. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Graham

BUREAU OF VITAL STATISTICS

State Index - - - - No. 107

District

County Registrar's - - No.

Town or City Solomonville

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's - - No. 72

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME José B. Liciano

(a) Residence, No. Solomonville 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. 2 weeks How long in U. S. if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (month, day, and year) 4-8 1927

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

17. I HEREBY CERTIFY, That I attended deceased from 8-3 1927 to 8-8 1927

6. DATE OF BIRTH (month, day and year) Unknown

that I last saw him alive on 8/8/12 a.m. 1927 and that death occurred, on the date stated above, at 1:30 P. m. The CAUSE OF DEATH\* was as follows:

7. AGE 68 Years Months Days IF LESS than 1 day hrs. or min.

Chronic Nephritis

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Mixer (b) General nature of industry, business or establishment in which employed (or employer) 129 (c) Name of employer

(duration) yrs. mos. ds. 7 yrs. mos. ds.

9. BIRTHPLACE (city or town) (State or country) Old Mexico

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

10. NAME OF FATHER Jose Liciano

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

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

Did an operation precede death? no Date of \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Lupe Barrera

Was there an autopsy? no

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

What test confirmed diagnosis? (Signed) J. M. Hurley M. D. 19 27 (Address) Phoenix

14. Informant (Address) Son, Pablo Liciano, Solomonville

\* 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.)

15. Filed 9/8 1927 J. M. Hurley Local Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Solomonville DATE OF BURIAL 8/1 1927

Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

20. UNDERTAKER Pablo Liciano ADDRESS Solomonville