2658

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH Dr Allen

State File No. 483

Registered No. 144

1. PLACE OF DEATH

County Pima State Arizona

District or Township or Village

City Tucson No. 44 W Corral St., Ward

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

2. FULL NAME Luis V Leese

(a) Residence. No. 44 W Corral St., Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 40 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 Latin

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Married

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

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

7. AGE Years 85 Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Special Officer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Jacob P Leese

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

12. MAIDEN NAME OF MOTHER Rosalie Vallejo

13. BIRTHPLACE OF MOTHER Mary Rey (city or town) (State or country) Calif.

14. Informant Flavia Leese

(Address) Tucson

15. Filed 2/15 1929 Alvin Kinnse Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 - 13 1929 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929 to Feb 12, 1929 that I last saw him alive on Feb 12, 1929 and that death occurred, on the date stated above, at 5 P m. The CAUSE OF DEATH* was as follows: Cerebral Apoplexia

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Thr & Arteriosclerosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No Date of

Did an operation precede death? No

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) D. C. W. Allen, M. D.

2-14 1929 (Address) Tucson

* 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 Holy Hope Cem

DATE OF BURIAL 2-15-29

20. UNDERTAKER Tucson Mortuary

ADDRESS Tucson

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.