3600

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43

Local Registrar's No. 184

1. PLACE OF DEATH

County Cochise State

District or Township Bisbee or Village or

City Bisbee No. St. Ward

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

2. FULL NAME John Supancich

(a) Residence, No. 13 Crown Ridge 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. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Supancich

6. DATE OF BIRTH (month, day and year) March 20 - 1871

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
58	8	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner

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

(c) Name of employer Phelps Dodge Co.

9. BIRTHPLACE (city or town)

(State or country)

PARENTS

10. NAME OF FATHER John Supancich

11. BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12. MAIDEN NAME OF MOTHER Catterina Myre

13. BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14. Informant Mary Supancich

(Address) Lowell Arizona

15. Filed 12/4 1929 R B Campbell Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 21 1929

Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1929 to Nov 21, 1929, that I last saw him alive on Nov 21, 1929 and that death occurred, on the date stated above, at 11 30 a.m. The CAUSE OF DEATH* was as follows:

Peri ostio sarcoma of (Q Clavicle) with Metastasis

(duration) 2 mo. yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Freeman M. D.

(Address) H. H. Freeman

* 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 Bisbee Arizona

DATE OF BURIAL Nov 24/29

20. UNDERTAKER Hennessy Smith Co.

ADDRESS Bisbee Arizona