2474

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

State File No. 206

Local Registrar's No. 1580

1. PLACE OF DEATH

County Maricopa State ..... or

District or Township ..... or Village ..... St., ... Ward

City Phoenix No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Jose Licano

(a) Residence, No. owe rd. St., ... Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurreed 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 Spanish

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

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Gloria Licano

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

7. AGE Years 45 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mine work.

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

(c) Name of employer

9. BIRTHPLACE (city or town) Namiquipa (State or country) Mex.

PARENTS

10. NAME OF FATHER Jose Licano Sr.

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

12. MAIDEN NAME OF MOTHER Agaipa Cordobo

13. BIRTHPLACE OF MOTHER Namiquipa (city or town) (State or country) Mex.

14. Informant Pablo Licano (Address) Morenci Arizona

15. Filed Dec. 16, 1929 J. W. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 13 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from November, 5th, 1929 to November, 7th 1929, that I last saw him alive on Nov. 7th 1929, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

No Record (duration) ..... yrs. ..... mos. ..... ds.

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

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) N. B. Crampton, M. D. (Address) Phoenix, Ariz

* 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 Maricopa

DATE OF BURIAL Dec. 16. 29

20. UNDERTAKER W.C. Dallis 1341 E. Washington St.

ADDRESS

I 33710

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.