669

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.

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

State File No. 153

Registered No. 719

1. PLACE OF DEATH

County Maricopa State Arizona

Township ..... or Village .....

City Phoenix No. ..... St. ..... Ward

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

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.

2. FULL NAME Julian Canchols

(a) Residence: No. 1122 S. Fourth Ave. St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Mexican

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guadalupia Canchols

6. DATE OF BIRTH (month, day, and year) 2/6/1879

7. AGE Years 53 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (state or country) Mexico

FATHER

13. NAME Antono Canchols

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

MOTHER

15. MAIDEN NAME Galupie Canchols

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

17. INFORMANT (Address) Cencelia S. B. Asphinog

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 6-22, 1932

19. UNDERTAKER (Address) Hockrey Mortuary Association

20. Filed 7-11-, 1932 R B Raney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932 to June 20, 1932

I last saw him alive on June 20 1932 12:45 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of Onset Not known

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo M Brockway

(Address) Phoenix Ariz

25M 5-1-31 MS-43280