

1500

MARGIN RESERVED FOR BINDING. 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

1. PLACE OF DEATH
County Casa State Arizona District or Township Hayden or Village Hayden City Hayden
2. FULL NAME Francisco E. Mendoza
(a) Residence, No. 1066
Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 77 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
6a. If married, widowed, or divorced HUSBAND of Roz de Mendoza (or) WIFE of Roz de Mendoza
6. DATE OF BIRTH (month, day and year) 5-6-1853
7. AGE Years 81 Months 3 Days 29 IF LESS than 1 day or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None (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) La Paz Lower Calif. Mex.
10. NAME OF FATHER Juan Antonio Mendoza
11. BIRTHPLACE OF FATHER (State or country) (city or town) Mexico
12. MAIDEN NAME OF MOTHER Andresena
13. BIRTHPLACE OF MOTHER (State or country) (city or town) Mexico
14. Informant (Address) Luis S. J. Mendoza Hayden, Ariz.
15. Filed Sept 6, 1934 W.D. Dink Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Sept 5 1934
Month Sept Day 5 Year 34

17. I HEREBY CERTIFY, That I attended deceased from October 33 Sept 5 1934 that I last saw him alive on Sept 2 1934 and that death occurred, on the date stated above, at 1130 A.M. The CAUSE OF DEATH was as follows: Bronchiectasia

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) 1 yrs. 0 mos. 1 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) Phyllis H. H. M. D. Sept 6th 1934 Hayden
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 Winkelman Ariz. DATE OF BURIAL 9/6/34
20. UNDERTAKER P. T. Hutton ADDRESS Winkelman