

1677

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township _____ or Village _____
 City Phoenix No. 1024 So. 5th Av. 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 49 yrs. _____ mos. _____ ds. How long in U. S. if (foreign birth) _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Florentino Flores How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. 1024 So. 5th Av. St. _____ Ward _____
 (Usual place of abode) (If non-resident 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 Victoria Flores
 (or) WIFE of

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

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. 49

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Phoenix, Arizona
 (state or country)

MOTHER
 13. NAME Florencio Flores
 14. BIRTHPLACE (city or town) Not known
 (State or country) Sonora, Mexico
 15. MAIDEN NAME Jesus Salazar
 16. BIRTHPLACE (city or town) Not known
 (State or country) Sonora, Mexico

FATHER
 17. INFORMANT Manuel Flores
 (Address) 1107 So. 5th Av.
 18. BURIAL, CREMATION, OR REMOVAL
 Place St. Francis Date 9/14 1934

19. UNDERTAKER MORTENSEN MORTUARY
 (Address) 1022 E. Washington
 20. Filed 9-23-34 Geo. Rooney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 12, 1934
 22. I HEREBY CERTIFY That I attended deceased from Sept. 12, 1934 to Sept. 12, 1934
 I last saw ~~him~~ her alive on no 1934; death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
mitral insufficiency with cardiac asthma
 Date of Onset _____
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) W. C. Hackett M. D.
 (Address) 216 E. Washington