

5111-1
0 53
1517

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** STATE FILE NO. **63**

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 COUNTY Graham STATE ARIZONA REGISTERED NO. 108
 TOWNSHIP San Juan OR VILLAGE _____ OR
 CITY _____ NO. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 40 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Hernando Cervantes HOW LONG IN STATE WHEN DEATH OCCURRED 24 YRS. 5 MOS. 17 DS.
 (A) RESIDENCE: NO. Salmonville, Ariz. WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Mal</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Cervantes</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-30-1860</u>			
7. AGE <u>74</u> YEARS	<u>5</u> MONTHS	<u>17</u> DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		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 COUNTY) <u>Texas</u>			
13. NAME <u>Gabino Cervantes</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>			
15. MAIDEN NAME <u>Josefa Mesquiza</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>			
17. INFORMANT <u>Fernand Cervantes</u> (ADDRESS) <u>Salmonville Ariz.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>San Jose</u> DATE <u>Nov. 19, 1935</u>			
19. EMBALMER FUNERAL DIRECTOR		20. FILED	
LICENSE NO. <u>116 A</u> SIGNATURE <u>W. C. Rawson</u> <u>W. C. Rawson</u> ADDRESS <u>2400 S. 1st St. Phoenix</u>		REGISTRAR <u>W. C. Rawson</u> ADDRESS _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 11-1, 1935, TO 11-17, 1935

I LAST SAW HIM ALIVE ON 11-16, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:30 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Chronic Dilatation of heart. Chronic endocarditis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ 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? NO

IF SO, SPECIFY _____ (SIGNED) W. C. Rawson M. D.
 (ADDRESS) Phoenix

10M-11-22-34-REP-PAZ PRINTERY, FORM 3 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION