2060

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

STATE FILE NO. 336

1. PLACE OF DEATH

COUNTY Maricopa STATE ARIZONA REGISTERED NO. 24

TOWNSHIP OR VILLAGE OR

CITY Tempe Ariz NO. Welfare Sanatorium ST. 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 1 YRS. 1 MOS. 15 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 15 YRS. MOS. DS.

2. FULL NAME Estalfo Verdugo HOW LONG IN STATE WHEN DEATH OCCURRED 15 YRS. MOS. DS.

(A) RESIDENCE: NO. Welfare ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Mex

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Verdugo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1885

7. AGE: YEARS 51 MONTHS — DAYS — IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Unknown

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Laborer.

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) Mexico

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

MOTHER

15. MAIDEN NAME Valentina Lomma

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT Welfare San. Records (ADDRESS) Tempe, Ariz.

18. BURIAL, CREMATION, OR REMOVAL. PLACE County Cemetery DATE 3/1, 1936

19. EMBALMER { LICENSE NO. B. Rose Jr. { SIGNATURE

FUNERAL DIRECTOR E. A. Carr Mortuary

ADDRESS Tempe Ariz.

20. FILED Feb 29, 1936 Geo B. Irwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 24, 1936, TO Feb. 29, 1936

I LAST SAW HIM ALIVE ON Feb. 29, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:45 P. M.

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

	DATE OF ONSET
Pulmonary tuberculosis, bilateral	

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION none DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMOCIDE? 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) Henry Nickerson M. D.

(ADDRESS) Phoenix

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3