

2664

3118

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**

1. PLACE OF DEATH BUREAU OF VITAL STATISTICS STATE FILE NO. \_\_\_\_\_

COUNTY Maricopa STATE ARIZONA REGISTERED NO. 433

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_

CITY Phoenix NO. St. Joseph's ST. \_\_\_\_\_ WARD \_\_\_\_\_

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE THE NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 4 YRS. 0 MOS. 0 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH 4 YRS. 0 MOS. 0 DS.

2. FULL NAME Alberto Vasquez (Veto) HOW LONG IN STATE WHEN DEATH OCCURRED 4 YRS. 0 MOS. 0 DS.

(A) RESIDENCE: NO. 216 E. Buchanan ST. \_\_\_\_\_ WARD \_\_\_\_\_

(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. --1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>4</u>	<u>3</u>		

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) Arizona

13. NAME Manuel Vasquez

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

15. MAIDEN NAME Francisca Trevejuno

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

17. INFORMANT Jennie Fortune

(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis DATE 3/30/36

19. EMBALMER } LICENSE NO. 15A  
 FUNERAL DIRECTOR } SIGNATURE A. H. McLellan  
 ADDRESS 617 N. Central

20. FILED April 2, 1936 Newcomb REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/36, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO \_\_\_\_\_, 19\_\_\_\_.

I LAST SAW HIM ALIVE ON \_\_\_\_\_, 19\_\_\_\_; 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: DATE OF ONSET \_\_\_\_\_

Death was the result of being struck by a Chevrolet Truck driven by Rex Bishop.

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? Acc. DATE OF INJURY 3/27/36

WHERE DID INJURY OCCUR? Phoenix, Mar. Co. Ariz (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public Place

MANNER OF INJURY Hit by auto.

NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_

IF SO, SPECIFY \_\_\_\_\_ (SIGNED) Harry E. Westfall M. D. CORONER

(ADDRESS) \_\_\_\_\_

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.