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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 020
Registered No. 51

1. PLACE OF DEATH
County Cochise State ARIZONA
Township Douglas or Village _____
City Douglas No. County Hospital 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 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Ignacio Escandon How long in state when death occurred? yrs. mos. ds.
(a) Residence: No. Pirtleville Arizona St. _____ Ward _____
(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 Tomasa Marrero
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 7-31-1874

7. AGE
Years 63 Months 8 Days 2 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Ures
(State or Country) Sonora Mexico

13. NAME Vicente Escandon

14. BIRTHPLACE (city or town) Sonora Mexico
(State or Country)

15. MAIDEN NAME Encarnacion Grijalva

16. BIRTHPLACE (city or town) Sonora Mexico
(State or Country)

17. INFORMANT Mrs. G. E. Montano
(Address) 45 Grace St Pirtleville

18. BURIAL, CREMATION, OR REMOVAL
Place Pirtleville Ariz Date 4-3-38, 19__

19. EMBALMER { License No. 120-A
Signature Howard E. Ames

FUNERAL DIRECTOR Porter & Ames
Address Douglas Arizona

20. Filed Apr. 2, 1938 C. C. Cullumson Registrar

21. DATE OF DEATH (month, day, and year) 4-2-38, 19__

22. I HEREBY CERTIFY, That I attended deceased from March 28th, 1938 to April 2nd, 1938
I last saw him alive on April 2nd, 1938 death is said to have occurred on the date stated above, at 7:05 A. M.
The principal cause of death and related causes of importance were as follows: Osteomyelitis of left wrist and lower forearm (2 yrs)
Date of Onset _____

Other contributory causes of importance: Post-operative shock
Aspiration through mid-forkam
Name of operation Amputation Date of 3/31/38
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 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) C. C. Cullumson M. D.
(Address) Douglas Ariz