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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. 268

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 1489

Township _____ or Village _____

City Phoenix No. Lat 15 1/2 & Buckeye Rd. 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 19 yrs. 34 mos. 23 ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME David Banovich How long in State when death occurred 23 yrs. _____ mos. _____ ds.

(a) Residence: Lat 15 1/2 & Buckeye Rd. Phx. (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED, WIDOWED, or DIVORCED. (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Banovich

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>53</u>	<u>10</u>	<u>10</u>	<u>10</u>	

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

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) Jugo Slavia (State or Country)

13. NAME Luke Banovich

14. BIRTHPLACE (city or town) Jugo Slavia (State or Country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Jugo Slavia (State or Country)

17. INFORMANT Mrs. Mary Banovich (Address) Lat 15 1/2 & Buckeye Rd. Phx.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Greenwood Cem. Date 12-2-39, 19____

19. EMBALMER { License No. 235-A Signature Stanley Clegg FUNERAL DIRECTOR A.L. Moore & Sons Address Phoenix, Arizona

20. Filed 12-8, 1939 James R. Johnson Registrar (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from but several years Nov 29 to Nov 29, 1939

I last saw him live on Nov 28, 1939; death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows: Myocarditis Date of Onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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) Stanley Clegg M. D. _____