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184

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

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 184
 Township _____ or Village _____ Registered No. 57
 City Phoenix No. 1402 S. 3rd 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. 19 mos. 19 ds. How long in U. S. if of foreign birth 19 yrs. 19 mos. 19 ds.
 2. FULL NAME Manuel L. Verdugco How long in State when death occurred 19 yrs. 19 mos. 19 ds.
 (a) Residence: 1402 S. 3rd St. (Usual place of abode) (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) widowed

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Dec. 1882

7. AGE Years 57 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. laborer
 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) Mararia (State or Country) Sinaloa, Mexico

FATHER
 13. NAME Manuel Verdugco
 14. BIRTHPLACE (city or town) (State or Country) Sinaloa, Mexico

MOTHER
 15. MAIDEN NAME Carmen Luque
 16. BIRTHPLACE (city or town) (State or Country) Sinaloa, Mexico

17. INFORMANT Manuel Verdugco (Address) 706 S. 16th St.

18. BURIAL, CREMATION, OR REMOVAL burial Place St. Francis Date 1-10-40

19. EMBALMER { License No. 196 Signature [Signature] FUNERAL DIRECTOR L. M. Mortenson Address 1020 W. Washington St.

20. Date Jan 15 1940 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-7-39 to 12-27-39 I last saw him alive on 12-27-39; death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows: Advanced Pulmonary T.B.C. Date of Onset _____

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) [Signature] M. D. (Address) 224 N. Beant St.