

1284

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

140

State File No. _____ Registrar's No. 37

1. Place of Death: (a) County Maricopa (b) City or Town Rural (c) Location Lat 19 & Grand Ave
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 13 Yrs; In Arizona 16 Yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Rural
(If outside city limits write RURAL)

(d) Street No. Lat 19 and Grand Avenue Glendale, Arizona

3. (a) FULL NAME Jahn Perry Fallis (b) If veteran name war None (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Cora Fallis</u>		6. (c) Age of husband or wife, if alive. <u>57</u> yrs.
7. Birthdate of deceased <u>Jan 1, 1876</u> (Month) (Day) (Year)		
8. AGE: Years <u>64</u>	Months <u>5</u>	Days <u>--</u> If less than one day hrs. <u>--</u> min. <u>--</u>
9. Birthplace <u>Ellis County Texas</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Laborer</u>		
11. Industry or Business <u>W.P.A.</u>		
Father	12. Name <u>Charles A. Fallis</u>	
	13. Birthplace <u>Unknown Kentucky</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Unknown</u>	
	15. Birthplace <u>Unknown Texas</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Cora Fallis</u>		
(b) Address <u>(Gen Del) Glendale, Arizona.</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Glendale</u> (c) Date <u>June 4, 1941</u>		
18. (a) Embalmer's Signature <u>J.S. Brazill</u>		
(b) Funeral Director <u>J.S. Brazill</u>		
(c) Address <u>Glendale, Arizona.</u>		
19. (a) <u>June 2, 1941</u> (Date received local Registrar)		
(b) <u>J.S. Brazill</u> (Registrar's Signature)		

5M 100% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 1, 1941 TIME (Hour and minute) 10:30 P.M.

21. I hereby certify that I attended the deceased from 5-31-41 1941 to Same 1941; that I last saw him alive on 5-31-41 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Testicle & Penis

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION	
<u>2 years</u>	
PHYSICIAN	
Underline the cause to which death should be charged statistically.	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature M. J. ... M.D.
Address Glendale, Arizona Date signed June 4, 41