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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 533
Registrar's No. 533

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 800 E. Tonto (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution -------; In Community 3 weeks (Specify whether years, months or days); in Arizona 3 wks.

2. Usual Residence of Deceased: (a) State Calif.; (b) County Los Angeles; (c) City or Town Chatsworth (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (yes or No) ; If Yes, which country

3. (a) FULL NAME Carlos M. Lima (b) If Veteran name war ---- Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	Mexican	Married

6. (b) Name of husband or wife Dominga Ortiz; 6. (c) Age of husband or wife, if alive 43 yrs.

7. Birthdate of deceased Nov. 4, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	5	7	hrs. min.

9. Birthplace Ocompo, Chihuahua, Mexico (City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business

Father: 12. Name Tranquilno Lima; 13. Birthplace Ocompo, Chihuahua, Mexico (City, town or county) (State or Country)

Mother: 14. Maiden Name Dolores Rodriquez; 15. Birthplace Ocompo, Chihuahua, Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Mr. Louis Lima
(b) Address 21116 Devonshire, Chatsworth, Calif.

17. (a) Burial, Cremation or Removal Removal
(b) Place Chatsworth, Calif. (c) Date 4/13/42 19

18. (a) Embalmer's Signature [signature]
(b) Funeral Director Mortensen & King
(c) Address 1020 W. Wash.

19. (a) APR 21 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 1066 Reg. 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 11, 1942, 19; TIME (Hour and minute) 10:10 A. M. M.

21. I hereby certify that I attended the deceased from Mar. 23, 19 42 to Mar. 23, 19 42, that I last saw him alive on Mar. 23, 19 42, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis
Due to Cardiac decompensation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
Several years

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 Ed Payne Palmer M. D.
Address 15 E. Monroe Date signed 4-7-42