4336

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

166

State File No.
Registrar's No. 829

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Joseph's Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 hours; In Community All life 28 yrs. (Specify whether years, months or days); in Arizona All life 28 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa (c) City or Town Phoenix Rural (If outside city limits also write RURAL)
(d) Street No. 1009 East Campbell Avenue; (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Pomposa S. Alvillar (b) If Veteran name war No If Yes, which country Social Security No. None (If NONE write the word)

4. Sex Female
5. Color or Race Mexican
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Tifelo Carion Alvillar
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased June (Month) (Day) 1914 (Year)
8. AGE: Years 28 Months Days If less than one day hrs. min.
9. Birthplace Phoenix (City, town or county) Arizona (State or Country)
10. Usual Occupation At Home
11. Industry or Business
Father 12. Name Simon P. Serrano
13. Birthplace (City, town or county) Arizona (?) (State or Country)
Mother 14. Maiden Name Benita Quies
15. Birthplace Phoenix (City, town or county) Arizona (State or Country)
16. (a) Informant's own signature T. C. Alvillar
(b) Address 1009 E. Campbell Ave., Phoenix
17. (a) Burial, Cremation or Removal Removal
(b) Place Glendale, Ariz. (c) Date 6-12 19 42
18. (a) Embalmer's Signature W. L. Murphy
(b) Funeral Director W. L. Murphy
(c) Address J. T. Whitney Funeral Home, Phoenix
19. (a) JUN 11 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 9, 19 42;
TIME (Hour and minute) 11.20 A. M.
21. I hereby certify that I attended the deceased from June 5 1942, 19 to June 9, 1942;
that I last saw her alive on June 8, 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death Abscess, brain, left temporal lobe
Due to Ostiitis, petrous pyramid.
Due to Chronic otitis media.
Other conditions none. (Include pregnancy within 3 months of death)
Major findings:
Of operations ~~Brain abscess - necrosis petrous pyramid left.~~ None.
Of autopsy Brain Abscess - necrosis petrous pyramid left.

DURATION
Hour 5 days.
Unknown.
27 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) none.
(b) Date of occurrence none.
(c) Where did injury occur? none (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none. (Specify type of place)
While at work? none (e) Means of injury none.
23. Signature [signature] M. D.
Address 422 Professional Bldg Phoenix. Date signed 6-10-42