1424

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 674
Registrar's No. 5

1. Place of Death: (a) County Santa Cruz (b) City or Town Nogales (If outside city limits also write RURAL) (c) Location 555 Crawford St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ——; In Community 27 yrs.; In Arizona 52 yrs. (Specify whether years, months or days)

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

(d) Street No. 555 Crawford St.; (e) Citizen of foreign country (Yes or No) No; If Yes, which country ——

3. (a) FULL NAME John Charles Tovrea (b) If Veteran name war —— (c) Social Security No. ——

4. Sex: Male

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Lotta

6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased: March (Month) 26 (Day) 1873 (Year)

8. AGE: Years 70 Months 9 Days 12 If less than one day hrs. ... min. ...

9. Birthplace: Sparta (City, town or county) Illinois (State or Country)

10. Usual Occupation: Retired

11. Industry or Business: Industry -

Father: 12. Name: Arthur Tovrea
13. Birthplace: No record (City, town or county) (State or Country)

Mother: 14. Maiden Name: Rosa Hood
15. Birthplace: No record (City, town or county) (State or Country)

16. (a) Informant's own signature: Mrs. Lotta P. Tovrea
(b) Address: Nogales Arizona

Removal to Tucson ~~[illegible]~~

17. (a) Burial, Cremation or Removal ~~[illegible]~~
(b) Place: Tucson Ariz. (c) Date 1/19 1944

18. (a) Embalmer's Signature: George F. Dyer
(b) Funeral Director: Verna E. Young
(c) Address: Arizona Mortuary Inc Tucson Arizona

19. (a) 1/19/1944 (Date received Local Registrar)
(b) Max E. Landin (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 18, 1944
TIME (Hour and minute) 12:45 P.M.

21. I hereby certify that I attended the deceased from June 6, 1942 to Jan. 18, 1944 that I last saw him alive on Jan 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Chronic Bright's Disease

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

DURATION

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: J. Gonzalez M.D. M. D.
Address: Nogales, Ariz. Date signed 1-18-44

18 30M—100% Rag—5/21/43