STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 233
Registrar's No. 519

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 502 W. Apache (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution home; In Community 60 yrs. (Specify whether years, months or days); In Arizona 60 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 502 W. Apache; (e) Citizen of foreign country (Yes or No) ; If Yes, which country
3. (a) FULL NAME Abaran R. Abril (b) If Veteran name war (c) Social Security No.

4. Sex: Male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased March 16, 1858 (Month) (Day) (Year)
8. AGE: Years 86 Months 11 Days 27 If less than one day hrs. min.
9. Birthplace Los Angeles, Calif. (City, town or county) (State or Country)
10. Usual Occupation Retired
11. Industry or Business
Father: 12. Name Manuel Abril
13. Birthplace Sonora, Mexico (City, town or county) (State or Country)
Mother: 14. Maiden Name Gabriela Ruiz
15. Birthplace Sonora, Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Joe Abril
(b) Address 2020 E. Lincoln
17. (a) Burial, Cremation or Removal Burial
(b) Place St. Francis (c) Date 3/16 1944
18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen-Kingsley
(c) Address 1020 W. Wash.
19. (a) MAR 16 1944 (Date received Local Registrar)
(b) Capt Hughes (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 14, 1944, 19; TIME (Hour and minute) 2:00 P. M.
21. I hereby certify that I attended the deceased from for many years, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Senility arteriosclerosis
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 Capt Hughes M. D.
Address Date signed 3-17-44

16 30M—100% Rag—5/21/43