STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 203
Registrar's No. 741

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1026 So. First St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none (Specify whether years, months or days); In Community 40 years; In Arizona 40 years

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. 1026 So. First Street; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Manuel Briones (b) If Veteran name war no (c) Social Security No.

4. Sex: Male

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

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

6. (b) Name of husband or wife: Conception Briones

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

7. Birthdate of deceased unknown (Month) (Day) 1888 (Year)

8. AGE: Years 58 Months Days If less than one day hrs. min.

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

10. Usual Occupation none

11. Industry or Business none

Father: 12. Name Manuel Briones; 13. Birthplace Old Mexico (City, town or county) (State or Country)

Mother: 14. Maiden Name Unknown; 15. Birthplace Old Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Conception Briones (b) Address 1026 So. First Street

17. (a) Burial, Cremation or Removal Burial (b) Place St. Francis (c) Date 4, 18, 1944

18. (a) Embalmer's Signature Vernon W. Evans (b) Funeral Director Vernon W. Evans (c) Address Merryman Funeral Home

19. (a) APR 3 (Date received Local Registrar) (b) [signature] (Registrar's Signature)

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 12, 1944; TIME (Hour and minute) 6:00 P. M.

21. I hereby certify that I attended the deceased from Mar 20, 1944 to Apr 12, 1944; that I last saw him alive on Apr 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: age

Due to: Recently March 20 1944 had large abscess pus of left side of face from tooth extending over entire side of head, left.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: No operation except drainage incision on March 25 of abscess.

Of autopsy

DURATION: 1 year

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 Charles B Palmer M. D.
Address Phoenix Ariz Date signed Apr 13-1944