2894

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 449
Registrar's No. 44

1. Place of Death: (a) County Pinal (b) City or Town Florence, (If outside city limits also write RURAL) (c) Location Residents. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution -------; In Community 60 Yrs.; In Arizona 60Yrs. (Specify whether years, months or days)

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

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

3. (a) FULL NAME Antonio Blanco (b) If Veteran name war ?; (c) Social Security No. None

4. Sex: Male

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

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

6. (b) Name of husband or wife: Carmen Blanco

6. (c) Age of husband or wife, if alive 76 yrs.

7. Birthdate of deceased Feb. (Month) 3 (Day) 1872 (Year)

8. AGE: Years 73 Months 3, Days; If less than one day hrs. min.

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

10. Usual Occupation Laborer

11. Industry or Business

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

Mother: 14. Maiden Name No Record; 15. Birthplace No-Record (City, town or county) (State or Country)

16. (a) Informant's own signature Marie Blanco; (b) Address Gen Del. Florence Ariz.

17. (a) Burial, Cremation or Removal Burial; (b) Place Florence Cemetery (c) Date June 6 1945

18. (a) Embalmer's Signature Walter [illegible]; (b) Funeral Director Cole & Maud Mortuary; (c) Address Florence, Arizona.

19. (a) June - 8 - 1945 (Date received local Registrar); (b) D O Martin (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 3, 1945; TIME (Hour and minute) 2:30 P.M.

21. I hereby certify that I attended the deceased from June 3, 1945 to June 3, 1945 that I last saw him alive on 6-3 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — DURATION

Due to Enterocolitis-Chronic

Due to Not known

Other conditions None (Include pregnancy within three months of death)

Major findings: Of operations Not much

Of autopsy None made

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) Not

(b) Date of occurrence

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M. D.

Address Florence Date signed 6-6-45

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