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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 223
Registrar's No. 223

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Harmon Park Way Apt 42 (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 0 (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. Harmon Park Way--Apt 42; (e) Citizen of foreign country (Yes or No) No
If Yes, which country ---------
(b) If Veteran name war No (c) Social Security No. None
3. (a) FULL NAME ANITA CHIADEZ BLANCO

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Thomas Blanco
6. (c) Age of husband or wife, if alive 48 yrs.
7. Birthdate of deceased April (Month) ----- (Day) 1902 (Year)
8. AGE: Years 43 Months 10 Days ---
If less than one day hrs. ---- min. ----
9. Birthplace Terlingua, Texas (City, town or county) (State or Country)
10. Usual Occupation At home
11. Industry or Business ------
Father 12. Name Unknown
13. Birthplace Unknown (City, town or county) (State or Country)
Mother 14. Maiden Name Unknown
15. Birthplace Unknown (City, town or county) (State or Country)
16. (a) Informant's own signature Thomas Blanco
(b) Address 424 East Buchanan
17. (a) Burial, Cremation or Removal Burial
(b) Place St. Francis (c) Date 2-4- 19 47
18. (a) Embalmer's Signature [signature]
(b) Funeral Director Mortensen-Kingsley Mortuary
(c) Address 1020 West Washington
19. (a) FEB 7 1947 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 2, 19 47;
TIME (Hour and minute) 12:20 A. M. M.
21. I hereby certify that I attended the deceased from JAN 31, 1947, 19 to JAN 31, 1947, 19;
that I last saw h FR alive on JAN 31, 1947, 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of uterus with generalized metastasis
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations —
Of autopsy —

DURATION
2 yrs

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 [signature] M. D.
Address 15 [illegible] Date signed 2/3/47

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