

1807

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO. 5128

REGISTRAR'S NO.

7 07 07 DEATH D RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)		
	A. COUNTY Maricopa	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Chandler	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 10 yrs   10 yrs	A. STATE Arizona B. COUNTY Maricopa C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Chandler D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Hidalgo Road	
1 3 A 159 8 049	3. NAME OF DECEASED A. (FIRST) Victor B. (MIDDLE) E. C. (LAST) CONTRERAS			4. SEX male	5. COLOR OR RACE Mexican
	6. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR March 7 1890	8. AGE YEARS MONTHS DAYS 59 7 4	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Laborer	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no
9B. KIND OF BUSINESS OR INDUSTRY Agriculture	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? USA	14A. FATHER'S NAME Jacobo Contreras	14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME unk
16. INFORMANT'S SIGNATURE Severo Contreras, son, Box #1, Chandler, Ariz			17. DATE OF DEATH October 11, 1949		
18 SE 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>apoplexy</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19 PSY 19 TO NAL NCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
20 AL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Oct 11</i> 19 <i>49</i> TO <i>Oct 11</i> 19 <i>49</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Oct 11</i> 19 <i>49</i> AND THAT DEATH OCCURRED AT <i>8 P</i> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <i>R.M. Fisher M.D.</i>		23B. ADDRESS <i>Chandler Ariz</i>		23C. DATE SIGNED <i>Oct 17/49</i>
21 TOR RAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Oct 14, 1949		24C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE Hausner Mortuary, Chandler, Ariz		
25A. DATE REC'D BY LOCAL REG. 10-20-49		25B. REGISTRAR'S SIGNATURE <i>Davis</i>		27. EMBALMER'S SIGNATURE <i>Jack Hausner</i> 225-A	