

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

4096

7-07
OF DEATH
27
IND
RESIDENCE
5

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY

Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Chandler

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 20 yrs | 20 yrs

D. FULL NAME OF HOSPITAL OR INSTITUTION

S. Arizona Ave.

2. USUAL RESIDENCE

REGISTRAR'S NO. (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)

A. STATE Arizona

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) C handler

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

S. Arizona Avenue

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

(TYPE OR PRINT)

Jose

Victoriano

ARVIZU

4. SEX

male

5. COLOR OR RACE

white

6. MARRIED NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH MONTH DAY YEAR Mar 24, 1880

B. AGE YEARS MONTHS DAYS 70 4 14

IF UNDER 24 HOURS

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Farm Laborer

9B. KIND OF BUSINESS OR INDUSTRY

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No

13. SOCIAL SECURITY NO. unk

14A. FATHER'S NAME

unknown

14B. BIRTHPLACE (STATE OR COUNTRY)

15A. MOTHER'S MAIDEN NAME

unknown

15B. BIRTHPLACE (STATE OR COUNTRY)

16. INFORMANT'S SIGNATURE

Fernando Arvizu, son, Box 272, Chandler, Ariz.

17. DATE OF DEATH

August

8,

1950

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 CONTRACTED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH

MEDICAL CERTIFICATION

(a) Coronary Heart disease

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Mitral stenosis and aortic regurgitation

?

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1, 1950, to June 8, 1950. THAT I LAST SAW THE DECEASED ALIVE ON Aug 8, 1950, AND THAT DEATH OCCURRED AT 3P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)

23B. ADDRESS

Charles L. von Follen, M.D., Chandler, Ariz

23C. DATE SIGNED

Aug 12/50

24A. BURIAL CREMATION REMOVAL

24B. DATE

Aug 12, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mesa Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Mesa, Arizona

25A. DATE REC'D BY LOCAL REG.

8-20-50

25B. REGISTRAR'S SIGNATURE

Davis (arrow) M.D.

26. FUNERAL DIRECTOR'S SIGNATURE

Hausner Mortuary, Chandler, Ariz

ADDRESS

27. EMBALMER'S SIGNATURE

Jack Hausner

CERT. NO.

225-A

