

1066

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County: <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	
District: <u>Phoenix</u>		State Index No. <u>120</u>	
Town: <u>Phoenix</u>		ORIGINAL CERTIFICATE OF DEATH	
Or City: <u>Phoenix</u>		County Registered No. <u>572</u>	
		Local Registrar's No. <u>417</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Joseph Francis Fryberger</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX: <u>Male</u>	Color or Race: <u>White (Caucasian)</u>	MARRIED: <u>WIDOWED</u>	or DIVORCED
DATE OF BIRTH: <u>September 7th, 1866</u>	(Month) <u>7th</u> (Day) <u>7th</u> (Year) <u>1866</u>	If less than 1 day	
AGE: <u>51 yrs. 10 mos. 28 days</u>	hrs., or min.		
OCCUPATION: (a) Trade, profession or particular kind of work: <u>carpenter</u>			
(b) General nature of industry, business, or establishment in which employed or (employer): <u>Employed by</u>			
BIRTHPLACE: <u>Spain</u> (State or country) <u>Spain</u>			
NAME OF FATHER: <u>Francisco Y. Guerrero</u>			
BIRTHPLACE OF FATHER: <u>Spain</u>			
MAIDEN NAME OF MOTHER: <u>Leocadia Lopez</u>			
BIRTHPLACE OF MOTHER: <u>Spain</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Joseph Francis Fryberger</u>			
(Address) <u>Phoenix, Arizona</u>		DATE OF BIRTH OR REMOVAL: <u>7/30-1917</u>	
PLACE OF BURIAL OR REMOVAL: <u>Phoenix</u>	ADDRESS: <u>Phoenix, Arizona</u>		
UNDERTAKER: <u>Phoenix</u>			
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH: <u>July 18, 1917</u>			
I hereby certify, that I attended deceased from <u>July 12</u> to <u>July 18</u> , 1917; that I last saw him alive on <u>July 12</u> , 1917, and that death occurred on the date stated above: <u>July 18</u> , 1917. The DISEASE or INJURY causing death was as follows: <u>Edema of Lungs</u>			
(Duration) yrs. mos. days			
Was disease contracted in Arizona? <u>Yes</u>			
If not, where?			
CONTRIBUTORY (Duration) yrs. mos. days			
(Signed) <u>J. M. Atkinson</u>			
1917 (Address) <u>Phoenix, Arizona</u>			
*Add dates from VIOLATION OF LAWS (1) MANSUR or INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.			
Former or Usual Residence			
Filed <u>7/25-1917</u> <u>W. J. O'Leary</u> Local Registrar			
Filed <u>8/6</u> 1917 <u>J. M. Atkinson</u> County Registrar			