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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 201

1. Place of Death: (a) County Cochise (b) City or Town Rural (If outside city limits write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 Months; In Community 24 yrs; In Arizona 24yrs (Specify whether years, months or days)

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

(d) Street No. 331- 17th Street; (e) If foreign born, in U. S. A. 31yrs yrs.

3. (a) FULL NAME Thomas Aldana (b) If veteran name war; (c) Social Security No. 526-09-796I (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	Mexican	Married

6. (b) Name of husband or wife: Amelia Aldana
6. (c) Age of husband or wife, if alive: 38 yrs.

7. Birthdate of deceased: November 3rd 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	0	22	hrs. ..... min. .....

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

10. Usual Occupation: Laborer

11. Industry or Business: P. D. Corporation

Father
12. Name: Unknown
13. Birthplace: Mexico (City, town or county) (State or Country)

Mother
14. Maiden Name: Refugia de la Rosa
15. Birthplace: Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature: Amalia Aldana
(b) Address: 331 – 17th st

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Douglas (c) Date: 11-27-40 19

18. (a) Embalmer's Signature: Howard E. Ames I20-A
(b) Funeral Director: Porter & Ames
(c) Address: Douglas Arizona

19. (a) Nov. 26 - 40 (Date received local Registrar)
(b) E. W. Adamson (Registrar's Signature)

5M 100% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): 11-25-40, 19;
TIME (Hour and minute): 7.30 P.M. M.

21. I hereby certify that I attended the deceased from Aug. 23rd, 19 40 to November 25th, 19 40; that I last saw him alive on Nov. 25th 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

~~Due to~~ no history of duration obtained

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

DURATION
?

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: E. W. Adamson M.D.
Address: Douglas Ariz. Date signed: 11/26/40