

**ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 59  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 82 Red Springs  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 4 years; In Arizona 4 years  
(Specify whether years, months or days)

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

(d) Street No. 82 Red Springs; (e) foreign born, in U. S. A. \_\_\_\_\_ yrs.

3. (a) FULL NAME Elvia Antonia Perez (b) If veteran \_\_\_\_\_ (c) Social Security No. none  
name var. \_\_\_\_\_ (If NONE write the word)

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband \_\_\_\_\_ 6. (c) Age of husband \_\_\_\_\_  
or wife \_\_\_\_\_ or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased April 15 1936  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 6 12 hrs. min.

9. Birthplace Miami Arizona  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business \_\_\_\_\_

12. Name Juan Perez  
13. Birthplace Spain  
(City, town or county) (State or Country)

14. Maiden Name Maria Acosta  
15. Birthplace Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Maria Acosta  
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinal (c) Date 11/9/1940

18. (a) Embalmer's Signature J. Ray Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami, Ariz.

19. (a) 11-9-40 (Date received [local Registrar])  
(b) Heaven & Craytor (Registrar's Signature)

5M 100% Rag 5-17-40

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) Nov 7 1940;  
TIME (Hour and minute) 5:30 P. M.

21. I hereby certify that I attended the deceased from Nov 7-40  
to Nov 7-40;  
that I last saw her alive on Nov 7-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_

Of autopsy None

**DURATION**  
1 day

**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) None

(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 Loyola M. Larson M.D.  
Address Miami Ariz Date signed 11-14-40