ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 154
Registrar's No. 771

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits write RURAL) (c) Location 121 So. 11th St. (St. & No. (or) Name of Institution)

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

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

(d) Street No. 121 So. 11th St.; (e) If foreign born, in U. S. A. .... yrs.

3. (a) FULL NAME Stillbirth Cortez (b) If veteran name war .... (c) Social Security No. .... (If NONE write the word)

4. Sex: Male
5. Color or Race: Mexican
6. (a) Single, married, widowed or divorced: ....
6. (b) Name of husband or wife: ....
6. (c) Age of husband or wife, if alive .... yrs.

7. Birthdate of deceased: December 6, 1940 (Month) (Day) (Year)

8. AGE: Years: Stillborn; Months: ; Days: ; If less than one day: hrs. .... min. ....

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

10. Usual Occupation ....

11. Industry or Business ....

Father
12. Name Lyle Cortez
13. Birthplace California. (City, town or county) (State or Country)

Mother
14. Maiden Name Josephine Scott
15. Birthplace Phoenix, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Lyle Cortez
(b) Address 121 So 11th St, Phx, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place St. Francis. (c) Date Dec 6, 1940

18. (a) ~~Embalmer's Signature~~ Lyle Cortez
(b) Funeral Director Lyle Cortez
(c) Address 121 So 11th St, Phx, Ariz.

19. (a) 12-6-40 (Date received local Registrar)
(b) James G. Johnson (Registrar's Signature)

5M 100% Rag 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 6, 1940;
TIME (Hour and minute) 9:00 A.M.

21. I hereby certify that I attended the deceased from Dec. 6, 1940 to Stillbirth, 1940; that I last saw h.... alive on Stillbirth, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Died during birth
Due to Overweight
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 H. C. Hackett M.D.
Address 216 E. Wash. Date signed Dec. 6, 1940