

1241

63

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 4
Registrar's No. 4

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location County Hospital
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 Hrs.; In Community 1 Day; In Arizona Life 1 mo. 2 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Superior
(If outside city limits write RURAL)
(d) Street No. _____ (b) If veteran _____ (c) If foreign born, in U. S. A. _____ yrs.
(e) Social Security No. None
(If NONE write the word)

3. (a) FULL NAME Richard Redondo

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

7. Birthdate of deceased Nov. 18, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 20
If less than one day hrs. _____ min. _____

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

10. Usual Occupation At Home

11. Industry or Business _____

12. Name Antonio Redondo
13. Birthplace Nogales Arizona
(City, town or county) (State or Country)

14. Maiden Name Ramona Martinez
15. Birthplace Pearce Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Antonio Redondo
(b) Address Superior Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cem. (c) Date Jan. 10, 1941

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe Arizona

19. (a) Feb. 4 - 1941
(Date received local Registrar)
(b) Gene Wausche
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Jan. 8, 1941 41
TIME (Hour and minute) 5:15 PM. M.
21. I hereby certify that I attended the deceased from Jan. 8, 1941 to Jan. 8, 1941
that I last saw him alive on Jan. 8, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Broncho-pneumonia Complicating Influenza
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
2 days
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 T. C. Harper M.D.
Address Globe, Ariz. Date signed 1-22-41