

1255

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 77
Registrar's No. 9

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 31 yrs; In Arizona 31 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. Central Heights
3. (a) FULL NAME Josefa Luisa Moralez (b) If veteran name war None (c) If foreign born, in U. S. A. 53 yrs
(d) Social Security No. None (If NONE write the word)

4. Sex Female 5. Color or Race Mex. 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Pelix Moralez 6. (c) Age of husband or wife, if alive 58 yrs.
7. Birthdate of deceased March 19 1885
(Month) (Day) (Year)
8. AGE: Years 55 Months 10 Days 7
If less than one day hrs. min.

9. Birthplace La Paz Lower California
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father { 12. Name José Lucero
13. Birthplace La Paz Lower Calif
(City, town or county) (State or Country)

Mother { 14. Maiden Name Carmen de Lucero
15. Birthplace La Paz Lower California
(City, town or county) (State or Country)

16. (a) Informant's own signature Telix Moralez
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date Jan. 28 1941

18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director Miles Moralez
(c) Address Miami Ariz

19. (a) 1-28-41
(Date received local Registrar)
(b) Jane Wamuel
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 25 1941
TIME (Hour and minute) 8:00 P. M.

21. I hereby certify that I attended the deceased from Jan 24
1941 to Jan 25 1941
that I last saw her alive on Jan 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated right inguinal hernia
Due to Exhaustion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (a) Means of injury
23. Signature R. D. Krumpholtz M. D.
Address Globe Date signed Jan 28-41

DURATION

8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.