

1258

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

79

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registrar's No.

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 _____ In Community Unknown ; In Arizona 46 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 also write RURAL)

(d) Street No. 63 Warrido Canyon ; (e) If foreign born, in U. S. A. Unknown yrs.

3. (a) FULL NAME Donaciona Quintana (b) If veteran name war _____ (c) Social Security No. None
(If NONE write the word)

Sex Female 5. Color or Race Mex. 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband Gregorio Quintana or wife, if alive X yrs. 6. (c) Age of husband _____

7. Birth date of deceased Feb. 15, 1815
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 15 hrs. min.

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

10. Usual Occupation Housekeeper

11. Industry or Business None

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

Mother { 14. Maiden Name Unknown
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature William Castillo
(b) Address Claypool Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal (c) Date Jan 29 1941

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

19. (a) Jan. 30 - 1941
(Date received local Registrar)
(b) Drene Wauschee
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 27, 1941 ;
TIME (Hour and minute) 7:00 a. m.

21. I hereby certify that I attended the deceased from Jan 1
1941 to Jan 27, 1941 ;
that I last saw her alive on Jan 27, 1941 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus.

Due to _____

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? _____ (e) Means of injury _____

23. Signature J. P. Smith M. D.
Address Globe Ariz. Date signed Jan 31 41

DURATION
1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.