

1260

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. Place of Death: (a) County GILA (b) City or Town Miami (c) Location 901 Oak St
 (d) Length of Stay: In Hospital or Institution _____ (Specify whether years, months or days)
 2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Miami
 (d) Street No. 901 Oak St (St. & No. (or) Name of Institution)
 3. (a) FULL NAME Sora Estela Hernandez (b) If veteran name war _____ (c) If foreign born, in U. S. A. _____
 4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Single 6. (c) Age of Husband _____
 6. (b) Name of husband or wife _____ (c) Social Security No. _____
 7. Birthdate of deceased May 17 1930 (Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs _____ min _____
 9. Birthplace Miami (City, town or county) (State or Country) Ariz

State File No. 81
 Registrar's No. 8
 (If NONE write the word)

10. Usual Occupation _____
 11. Industry or Business _____
 12. Name Robert Hernandez (City, town or county) (State or Country)
 13. Birthplace _____
 14. Maiden Name Cruz Castro (City, town or county) (State or Country)
 15. Birthplace _____
 16. (a) Informant's own signature Robert a. Hernandez
 (b) Address Miami, Arizona
 17. (a) Burial, Cremation or Removal Burial
 (b) Place Pinal (c) Date Jan. 22 1941
 18. (a) Embalmer's Signature J. Ray Malaga
 (b) Funeral Director Miles Mortuary
 (c) Address Miami Ariz
 19. (a) January 28, 1941
 (b) Delores D. Brauffm
 (Date received local Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 28 1941
 TIME (Hour and minute) 8-30 A.M.
 21. I hereby certify that I attended the deceased from Jan 27 to Jan 28 and that death occurred on the date and hour stated above. 8:30 PM 1/28 1941
 Immediate cause of death _____

Due to Pneumonia
 Due to _____
 Other conditions _____
 Major findings: (Include pregnancy within 3 months of death)
 Of operations None
 Of autopsy None

DURATION
5 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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature E. T. Fisher M. D.
 Address Miami, Ariz Date signed 1/29/41