2271

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 37
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Benson (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 0; In Community 0; In Arizona 0 (Specify whether years, months or days).

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

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

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

4. Sex: Male
5. Color or Race: Mex
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 Mar. 9, 1941 (Month) (Day) (Year)

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

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

10. Usual Occupation none

11. Industry or Business

Father
12. Name Luis Comaduran
13. Birthplace Benson (City, town or county) Ariz (State or Country)

Mother
14. Maiden Name Maria Curtis
15. Birthplace Humbolt (City, town or county) Ariz (State or Country)

16. (a) Informant's own signature Luis Comaduran
(b) Address Benson, Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Benson (c) Date Mar. 9 1941

18. (a) Embalmer's Signature
(b) Funeral Director Family
(c) Address Benson, Ariz

19. (a) Mar. 9 1941 (Date received local Registrar)
(b) Dora F. Reeves (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 9, 19 41;
TIME (Hour and minute) 8 a.m. M.

21. I hereby certify that I attended the deceased from
, 19 to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Stillborn.	
Due to Placental infarction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 A. H. Shaw M.D.
Address Benson Ariz Date signed 3-9-41