

2726

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 3

1. Place of Death: (a) County Sila (b) City or Town Hayden (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 37 years; In Arizona 50 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Sila; (c) City or Town Hayden
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. _____ yrs.
3. (a) FULL NAME Janus Zifalora Orty (b) If veteran name war _____ (c) Social Security No. _____ (If NONE write the word) none

4. Sex Male Color or Race Hispanic (a) Single, married, widowed or divorced Married
5. (b) Name of husband or wife Curran Orty 6. (c) Age of husband or wife, if alive 66 yrs.

7. Birthdate of deceased Jan 1 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 10 hrs. _____ min. _____
If less than one day

9. Birthplace Han Sabiel, Calif
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business Copper mill

12. Name Croydon Orty

13. Birthplace unknown
(City, town or county) (State or Country)

14. Maiden Name Bertanda Zifalora

15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Arnold Orty
(b) Address Hayden Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman Ariz (c) Date Apr 24 1941

18. (a) Embalmer's Signature P. J. Hutton
(b) Funeral Director P. J. Hutton
(c) Address Winkelman Ariz

19. (a) _____ (Date received local Registrar) April 1, 1941
(b) M. D. Dash (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 31, 1941
TIME (Hour and minute) 11:30 P M.

21. I hereby certify that I attended the deceased from March 31, 1941
that I last saw him alive on March 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tobac
Pneumonia

Due to _____

Due to _____

Other conditions Paralysis
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None

Of autopsy None

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 Charles H. Hutton M.D.
Address Hayden Ariz Date signed 3/31/41

DURATION
2 days

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