

1229

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 85-45
Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 226 Berwatti St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community Life 4 mos; In Arizona Life 4 mos
(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. 226 Berwatti St.; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Le Roy Reyes (b) If veteran name war _____ (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>Mexican</u>	6. (a) Single, married, widowed or divorced <u>Single</u>
6. (b) Name of husband or wife		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>Jan. 15, 1941</u> (Month) (Day) (Year)		
8. AGE: Years	Months	Days
	<u>4</u>	<u>23</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Globe Arizona</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>None</u>		
11. Industry or Business _____		
Father	12. Name <u>Placido Reyes</u>	
	13. Birthplace <u>Globe Arizona</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Elisa Lopez</u>	
	15. Birthplace <u>Globe Arizona</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Placido Reyes</u>		
(b) Address <u>Globe Arizona</u>		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 8, 1941; TIME (Hour and minute) 4:30 P. M.

21. I hereby certify that I attended the deceased from June 4, 1941 to June 8, 1941; that I last saw him alive on June 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death acute enterocolitis

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. G. Harper M. D.
Address Globe, Ariz Date signed 6-12-41

DURATION
14 days

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