

2350

106

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____

Registrar's No. 73

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Life-3 days; In Community Same 3 days In Arizona Same 3 days
(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. _____; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Joe Medina, Jr. (b) If veteran name war No (c) Social Security No. No
(If NONE write the word)

4. Sex Male 5. Color or Race Mexican 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 Aug. 26 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hrs. _____ min. _____

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

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Joe Medina
13. Birthplace Morenci, Arizona
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Joe Medina
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date Aug 30 1941

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) Sept. 10 - 1941
(Date received local Registrar)
(b) L. H. Warner
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 29 1941
TIME (Hour and minute) 8:00 PM M.

21. I hereby certify that I attended the deceased from Aug 26, 1941 to Aug 29, 1941; that I last saw him alive on Aug 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Purpura Hemorrhagica

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. F. Harper M. D.
Address Globe, Ariz. Date signed 9-3-41

DURATION

one day

PHYSICIAN

Underline the cause to which death should be charged statistically.