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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. 6-9

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 115 Met Carol
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 26 yrs; In Arizona 26 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 115 Met Carol; (e) If foreign born, in U. S. A. 26 yrs.
3. (a) FULL NAME Rubla Miranda (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

Sex Male 6. Color or Race Mex. 6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife Narciso Velasco 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased April 2 1854
(Month) (Day) (Year)
8. AGE: Years 87 Months 5 Days 22 If less than one day hrs. _____ min. _____
9. Birthplace Mexico
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business _____
12. Name Leprino Miranda
13. Birthplace Mexico
(City, town or county) (State or Country)
14. Maiden Name Unknown
15. Birthplace "
(City, town or county) (State or Country)
16. (a) Informant's own signature Gilbert Lopez
(b) Address Miami, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal (c) Date Sept 25 1941
18. (a) Embalmer's Signature J. M. M. M. M.
(b) Funeral Director M. M. M. Mortuary
(c) Address Miami Ariz.
19. (a) Sept 25 1941
(Date received local Registrar)
(b) Heerson D. Crayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 24, 1941;
TIME (Hour and minute) 8:30 P. M.
21. I hereby certify that I attended the deceased from Sept 15,
1941 to Sept 24, 1941;
that I last saw her alive on Sept 24, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Due to Hypertension & arteriosclerosis
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 Lee Gray M. D.
Address Miami, Ariz. Date signed Sept 25, 1941

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