

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. 80

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M.D. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 20 yrs; In Arizona 20 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL.)
(d) Street No. 814 Davis Canyon; (e) If foreign born, in U. S. A. 20 yrs.
3. (a) FULL NAME Antonio Marie (b) If veteran name war no (c) Social Security No. 526-12-9570
(If NONE write the word)

4. Sex Male 5. Color or Race Latini 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Guadalupe Marie 6. (c) Age of husband or wife, if alive 54 yrs.
7. Birthdate of deceased Sept. 2, 1885
(Month) (Day) (Year)
8. AGE: Years 56 Months 2 Days 7 If less than one day hrs. min.

9. Birthplace Mexico
(City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business Ind. Cor. Cop. Co.
Father { 12. Name Isaac Marie
13. Birthplace Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Amustacia Man
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Guillem (c) Date 11-12-41

18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

19. (a) November 12, 1941
(Date received local Registrar)
(b) Keenan S. Grayson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 9, 1941;
TIME (Hour and minute) 7:30 a. m.
21. I hereby certify that I attended the deceased from Nov. 8,
1941 to Nov. 9, 1941;
that I last saw him alive on Nov. 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 3 days
1 week
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 Lee Gray M.D.
Address Miami, Ariz. Date signed Nov. 10, 1941