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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. 100

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 129 Ruiz Canyon  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 6 hrs.; In Arizona 6 hrs.  
(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. 129 Ruiz Canyon (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Baby Rivera (b) If veteran name war \_\_\_\_\_ (c) Social Security No. None  
(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 Dec. 8, 1941  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
0 0 0 hrs. 6 min. ?  
9. Birthplace Globe Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation \_\_\_\_\_  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Manuel Rivera  
13. Birthplace Torro New Mexico  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Lillian Russell  
15. Birthplace Globe Arizona  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Manuel Rivera  
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cem. (c) Date Dec. 9, 1941  
18. (a) Embalmer's Signature Mont  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona  
19. (a) Dec. 11-41  
(Date received local Registrar)  
(b) Lillian Russell  
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 9, 1941  
TIME (Hour and minute) 12:15 A M.

21. I hereby certify that I attended the deceased from Dec. 8, 1941 to Dec. 9, 1941  
that I last saw h. MAA alive on Dec. 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Due to (6 mo. foetus)  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION 6 hours  
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 T. C. Harper M. D.  
Address Globe, Ariz. Date signed 12-11-41