

630

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 106

Registrar's No. 8687

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

(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 days; In Arizona 3 days  
 (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. 608 Live Oak Street; (e) If foreign born in U. S. no yrs.

3. (a) FULL NAME Arnold Mendez (b) If veteran name war no (c) Social Security No. none  
 (If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Infant  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Dec. 7 1941  
 (Month) (Day) (Year)

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

9. Birthplace Miami Ariz.  
 (City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_  
 11. Industry or Business \_\_\_\_\_

12. Name Paul Mendez  
 13. Birthplace Lordsburg N. Mex.  
 (City, town or county) (State or Country)

14. Maiden Name Adilia Castaneda  
 15. Birthplace Miami Ariz.  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Paul Mendez  
 (b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Pinal (c) Date 2-12 1941

18. (a) Embalmer's Signature J. McMillen Jr.  
 (b) Funeral Director Mild Mortuary  
 (c) Address Miami Ariz.

19. (a) December 11, 1941  
 (Date received local Registrar)  
 (b) Nelson D. Brayton  
 (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 10, 1941;  
 TIME (Hour and minute) 8:00 a. m.

21. I hereby certify that I attended the deceased from Dec 7-41  
 to Dec 10-41;  
 that I last saw him alive on Dec 10-, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
 Due to Injury during birth  
 Due to Aspiration Pneumonia  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy none

DURATION  
3 days  
3 days

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 Byrd M. Brown M. D.  
 Address Miami Ariz Date signed 12-10-41