

635

111

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. 87

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 19 Porto Rico Cañon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 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. 19 Porto Rico Cañon; (e) If foreign born, in U. S. A. 27 yrs.
(f) Social Security No. 527-03-9872
(If NONE write the word)

3. (a) FULL NAME Austacia Moreno (b) If veteran name war. no

4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Single
6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased: Mar 29 1906
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 11 hrs. _____ min. _____
If less than one day

9. Birthplace Chihuahua Mex.
(City, town or county) (State or Country)

10. Usual Occupation Seaman
11. Industry or Business Ins. Cap. Co.

12. Name Harino Moreno
13. Birthplace Agua Caliente Mex.
(City, town or county) (State or Country)

14. Maiden Name Yumara Jussada
15. Birthplace Demingo Mex.
(City, town or county) (State or Country)

16. (a) Informant's own signature Clemente Moreno
(b) Address 68 Porto Rico Cañon Miami Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Porto Rico Cañon (c) Date Dec 18 1941

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address Miami Arizona

19. (a) December 17 1941
(Date received local Registrar)
(b) Nelson D. Brayton
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 17, 1941:
TIME (Hour and minute) 3:00 a. M.

21. I hereby certify that I attended the deceased from July 1st, 1941 to December 16th, 1941:
that I last saw him alive on December 16th, 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of the brain
Due to Unknown

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 6 months
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 Nelson D. Brayton M.D.
Address Miami, Arizona Date Dec 12-17-1941