659

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 104
Registrar's No. 103

1. Place of Death: (a) County GRAHAM (b) City or Town SAFFORD (If outside city limits also write RURAL) (c) Location HOSPITAL - MORRIS-SQUIBB (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 7 hrs.; In Community 20 yrs.; In Arizona 20 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZONA; (b) County GRAHAM; (c) City or Town SANCHEZ RURAL (If outside city limits also write RURAL)

(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME CAROLINA SERNA ~~[illegible]~~ (b) If veteran name war No. (c) Social Security No. No. (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
FEMALE	SPANISH	WIDOWED

6. (b) Name of husband or wife SANTOS SERNA — 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased July (Month) 8 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	4	hrs. min.

9. Birthplace HILLSBORO, NEW MEXICO - (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father: 12. Name AUGUSTINE COLVIN
13. Birthplace NEW 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 Manuel Sánchez
(b) Address Solomonville, Ariz.

17. (a) Burial, ~~Cremation or Removal~~
(b) Place SANCHEZ (c) Date Dec 16 1941

18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford, Ariz.

19. (a) January 9, 1942 (Date received local Registrar)
(b) J. N. Stratton M.D. (Registrar's Signature) by O. H. Lopez

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 14, 1941;
TIME (Hour and minute) 3 A.M.

21. I hereby certify that I attended the deceased from Sept 20, 1941 to Dec 14, 1941; that I last saw her alive on Dec 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Myocarditis chronic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION: 8 mos.

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 [illegible] M.D.
Address Safford Ariz. Date signed 12/18/41