

4235

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 175

Registrar's No. 3

1. Place of Death: (a) County DeW (b) City or Town Miami (c) Location 133 Grover Canyon  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution None; In Community 26 years; In Arizona 26 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Dela; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 133 Grover Canyon (e) If foreign born, in U. S. A. 26 yrs.  
3. (a) FULL NAME Aleja Guentheros (b) If veteran name was 08 (c) Social Security No. —  
(If NONE write the word)

Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Jose Guentheros 6. (c) Age of husband or wife, if alive 50 yrs.  
7. Birthdate of deceased Unknown  
(Month) (Day) (Year)  
8. AGE: Years 53 Months Days If less than one day  
hrs. min.  
9. Birthplace Leon Guanajuato Mex.  
(City, town or county) (State or Country)  
10. Usual Occupation Domestic  
11. Industry or Business  
12. Name Andrés Andrade  
13. Birthplace Unknown  
(City, town or county) (State or Country)  
14. Maiden Name Leopoldina Anila  
15. Birthplace Unknown  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Ramona Echeate  
(b) Address Miami Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Parial (c) Date 1-16-1942  
18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director Miles' Mortuary  
(c) Address Miami Ariz.

19. (a) Jan 17 1942  
(Date received local Registrar)  
(b) Nesora D. Grayton  
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 14, 1942  
TIME (Hour and minute) 11:30 A. M.  
21. I hereby certify that I attended the deceased from Jan 12, 1942 to Jan 13, 1942  
that I last saw her alive on Jan 13, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Lobar Pneumonia  
Due to  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

DURATION  
5 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 Nesora D. Grayton M.D.  
Address Miami Arizona Date signed Jan 16 1942

St. Grayton