

4242

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 82
Registrar's No. 1-1942

1. Place of Death: (a) County Sila (b) City or Town Hayden (c) Location North & No. (or) Name of Institution 93 years
(d) Length of Stay: In Hospital or Institution 1 month; In Community Hayden; In Arizona Hayden
2. Usual Residence of Deceased: (a) State Arizona; (b) County Sila; (c) City or Town Hayden
(d) Street No. 13th; (e) If foreign born, in U. S. A. 23 yrs.
3. (a) FULL NAME Justina A. Mesa (b) If veteran name war 13th (c) Social Security No. 526-03-1537
(If NONE write the word)

4. Sex Male 5. Color or Race Mex 6. (p) Single, married, widowed, divorced Married
6. (b) Name of husband Madellupe 6. (c) Age of husband 27 or wife, if alive 27
7. Birthdate of deceased Unknown 1919
8. AGE: Years 23 Months 3 Days 13 If less than one day hrs. 13 min. 00
9. Birthplace Palmarita, Sonora, Mex (City, town or county) (State or Country)
10. Usual Occupation laborer
11. Industry or Business rail road
Father { 12. Name Cecilio Mesa
13. Birthplace Mesa (City, town or county) (State or Country)
Mother { 14. Maiden Name Justina Apollanas
15. Birthplace Mex (City, town or county) (State or Country)
16. (a) Informant's own signature Lupe L. Mesa
(b) Address Hayden, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place East Grand (c) Date 1-25-1942
18. (a) Embalmer's Signature J. G. Hutton
(b) Funeral Director J. G. Hutton
(c) Address Winkelman, Ariz
19. (a) January 25, 1942 (Date received local Registrar)
(b) M. P. Duest (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Jan 23, 1942
TIME (Hour and minute) 11:00 M.
21. I hereby certify that I attended the deceased from Jan 23, 1942 to Jan 23, 1942
that I last saw him alive on Jan 23, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary sub-embolism
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
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 Charles Hutton M. D.
Address Hayden, Ariz Date signed 1-24-42

DURATION unknown
PHYSICIAN _____
Underline the cause to which death should be charged statistically.