

4247

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 86  
Registrar's No. 7

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 2 mi West No 6070  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 3 hrs; In Arizona Life  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Superior  
(If outside city limits also write RURAL)  
(d) Street No. N. Neary Ave; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Arthur Munez (b)  veteran name was \_\_\_\_\_ (c) Social Security No. 527-147688  
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased May 16 1921  
(Month) (Day) (Year)  
8. AGE: Years 20 Months 8 Days 14 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Superior Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation Soldier  
11. Industry or Business 336th School Det U.S.A. Air Corp  
12. Name Theodore Munez  
13. Birthplace Superior Ariz  
(City, town or county) (State or Country)  
14. Maiden Name Josephine Whittier  
15. Birthplace Arizona  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Harold Smith  
(b) Address Superior Arizona  
17. (a) Burial, Cremation or Removal Removal  
(b) Place Superior (c) Date Jan 2 1942  
18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz  
Feb 5 1942  
19. (a) \_\_\_\_\_ (Date received local Registrar's Signature)  
(b) Heenan & Boylan (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 31, 1942  
TIME (Hour and minute) 10:45 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Automobile accident caused from fast driving  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence Jan 31, 1942 10:45 P.M.  
(c) Where did injury occur? Miami Gila Arizona  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway  
(Specify type of place)  
While at work? no (e) Means of injury Auto accident  
23. Signature J.E. Owen, Coroner M. D.  
Address Miami Ariz Date signed 2/4, 1942

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