

2397

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 28
Registrar's No. 16

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Sikes St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 2 months; In Arizona 2 months
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. Sikes St.; (e) If foreign born, in U. S. A. 2 mo
3. (a) FULL NAME Jose Reynosa (b) If veteran name war _____ (c) Social Security No. _____
(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 Aug 1 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days 12 If less than one day
hrs. _____ min. _____

9. Birthplace Sacatecas Mexico
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business _____

Father { 12. Name Pedro Reynosa
13. Birthplace Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Salustia Rodriguez
15. Birthplace Mexico
(City, town or county) (State or Country)

X 16. (a) Informant's own signature Pedro Reynosa
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Burial (c) Date 3-15-1942

18. (a) Embalmer's Signature H. J. ...
(b) Funeral Director H. J. ...
(c) Address Miami Ariz.

19. (a) March 14, 1942
(Date received local Registrar)
Nelson D. Brantley
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 13, 1942
TIME (Hour and minute) 11:25 P.M.

21. I hereby certify that I attended the deceased from March 12, 1942 to March 13, 1942
that I last saw him alive on March 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Convulsions
Due to _____
Swatche-pneumonia
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
8 hrs
3 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 Nelson D. Brantley
Address Miami, Ariz. Date signed March 15, 1942