

2423

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

104

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 25
Registrar's No. 25

1. Place of Death: (a) County Greenlee (b) City or Town Moravia (c) Location Home - A. Hill
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 44 yrs; In Arizona 44 yrs
(Specify whether years, months or days) (If outside city limits write RURAL)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Greenlee (c) City or Town Moravia
(If outside city limits write RURAL)
(d) Street No. A. Hill; (e) If foreign born, in U. S. A. 44 yrs.
3. (a) FULL NAME Francisco Lopez (b) If veteran name was _____ (c) Social Security No. none
(If NONE write the word)

4. Sex Male 5. Color or Race Mex 6. (a) Single, married, widowed married
6. (b) Name of husband Francisco Lopez 6. (c) Age of husband _____ yrs.
7. Birthdate of deceased Nov - 1877
(Month) (Day) (Year)
8. AGE: Years 65 Months _____ Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace Jalisco Mexico
(City, town or county) (State or Country)
10. Usual Occupation Law work
11. Industry or Business 1932 copper to
12. Name Mmanuel Lopez
13. Birthplace Mexico
(City, town or county) (State or Country)
14. Maiden Name Arreola Amador
15. Birthplace Mexico
(City, town or county) (State or Country)
16. (a) Informant's own signature Antonio Lopez
(b) Address Moravia
17. (a) Burial, Cremation or Removal Buried
(b) Place Moravia (c) Date Mar 11 1942
18. (a) Embalmer's Signature J. J. Miller
(b) Funeral Director W. J. Miller
(c) Address 615 E. 1st
19. (a) none (Date received local Registrar) 10-1942
(b) A. Hill (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Mar 9, 1942:
TIME (Hour and minute) 12:45 P M.
21. I hereby certify that I attended the deceased from May, 1941, to Mar 9, 1942:
that I last saw him alive on Mar 7, 1942:
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Sclerosis
Due to Heart disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: none
Of operations _____
Of autopsy none
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 G. J. Terrell M.D.
Address Moravia Date signed Mar 10 1942

DURATION about 1938
PHYSICIAN Underline the cause to which death should be charged statistically.