

in county limits

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 38

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 472 Euclid St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 35 Years; In Arizona 35 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)

(d) Street No. 472 Euclid St.; (e) If foreign born, in U.S.A. 35 yrs. yrs.

3. (a) FULL NAME Lucia China Zucco (b) If veteran name war No (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widow</u>
6. (b) Name of husband or wife <u>Dominio Zucco</u>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>August 15th 1875</u> (Month) (Day) (Year)		
8. AGE: Years <u>66</u>	Months <u>7</u>	Days <u>21</u>
If less than one day hrs. _____ min. _____		

9. Birthplace Cintano, Italy
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business _____

Father { 12. Name Antonio Zucco
13. Birthplace Cintano Italy
(City, town or county) (State or Country)

Mother { 14. Maiden Name Domenica Chiuminatto
15. Birthplace Cintano Italy
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Rena Dora
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date 4/9/42 19__

18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) April 11 - 42
(Date received local Registrar)

(b) Doree Wanslee
(Registrar's Signature)

5M 100% Rng 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 6 1942 19__;
TIME (Hour and minute) 12:20 AM M.

21. I hereby certify that I attended the deceased from March 1 19__ to Apr 6 19__;
that I last saw her alive on Apr 6 19__;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma stomach - metastases in liver

Due to _____

Due to _____

Other conditions Repeated hemorrhages
(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 M. D.
Address Globe Ariz. Date signed 4/7/42

DURATION

18 months

PHYSICIAN

Underline the cause to which death should be charged statistically.