

677

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 84
Registrar's No. _____

1. Place of Death: (a) County Sila (b) City or Town Winkelmann (c) Location Home (d) Length of Stay: In Hospital or Institution _____; In Community 2 1/2 days; In Arizona 4 1/2 mo

2. Usual Residence of Deceased: (a) State Arizona; (b) County Sila; (c) City or Town Winkelmann

(d) Street No. Home; (e) If foreign born, in U. S. A. _____ yrs. (f) Social Security No. _____ (g) If veteran name war _____ (h) If NONE write the word _____

3. (a) FULL NAME Jose Blas Morales (b) Sex Male (c) Color or Race Mex (d) 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 Dec 22 1941 (Month) (Day) (Year)

8. AGE: Years 4 Months 13 Days _____ If less than one day _____ hrs _____ min _____

9. Birthplace Hayden Arizona (City, town or county) (State or Country)

10. Usual Occupation Home

11. Industry or Business _____

12. Name Manuel Morales (City, town or county) (State or Country)

13. Birthplace Catalpa Ariz (City, town or county) (State or Country)

14. Maiden Name Mercedes Galas (City, town or county) (State or Country)

15. Birthplace San Juan Ariz (City, town or county) (State or Country)

16. (a) Informant's own signature Manuel Morales (b) Address Winkelmann Ariz

17. (a) Burial, Cremation or Removal Original (b) Place Winkelmann (c) Date May 6 1942

18. (a) Embalmer's Signature P. L. Sutton (b) Funeral Director P. L. Sutton (c) Address Winkelmann Ariz

19. (a) May 5th 1942 (Date received local Registrar) (b) P. L. Sutton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 5 1942 TIME (Hour and minute) 5:30 P.M.

21. I hereby certify that I attended the deceased from May 4 1942 to May 5 1942 that I last saw him alive on May 4 1942

and that death occurred on the date and hour stated above. Immediate cause of death 113 Diarrhea & enteritis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____ Major findings: Of operations _____ Of autopsy _____

DURATION 2 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 Charles J. Sutton M. D. Address Hayden Ariz Date signed _____