

690

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 917
Registrar's No. 66

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 days; In Community 10 days; In Arizona 17 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Winkleman
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. 17 yrs.
3. (a) FULL NAME Miguel G. Mares (b) If veteran No (c) Social Security No. No Record
(If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>Mexican</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Bartola Mares</u>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>Oct. 29 1886</u> (Month) (Day) (Year)		
8. AGE: Years <u>55</u>	Months <u>6</u>	Days <u>13</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Durango, Mexico</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Laborer</u>		
11. Industry or Business _____		
Father	12. Name <u>No Record</u>	
	13. Birthplace <u>Mexico</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>No Record</u>	
	15. Birthplace <u>Mexico</u> (City, town or county) (State or Country)	

16. (a) Informant's own signature Isaias Mares
(b) Address Winkleman, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Winkleman, Ar. (c) Date 5/25/42
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) May 21 - 1942
(Date received local Registrar)
(b) Julius W. Walle
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 12 1942
TIME (Hour and minute) 8:00 PM M.
21. I hereby certify that I attended the deceased from May 8
1942 to May 12 1942
that I last saw him alive on May 12 1942
and that death occurred on the date and hour stated above.

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

DURATION
Good
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? _____ (Specify means of injury) _____
23. Signature Isaias Mares Date signed May 14 1942
Address Winkleman, Arizona