

696

Wagon

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

103

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 3758

1. Place of Death: (a) County Sla (b) City or Town Globe (c) Location Sela Co. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 days; In Community 5 days; In Arizona 5 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Sela; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 1948 Mesquite; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME John Marin (b) If veteran name war _____ (c) Social Security No. none
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased May 15 1942
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 0 3 hrs. min.

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

10. Usual Occupation none
11. Industry or Business _____

Father { 12. Name Lupe Marin
13. Birthplace Miami Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Culala Renteria
15. Birthplace Miami Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Lupe Marin
(b) Address Globe Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Funeral (c) Date 5-20 1942

18. (a) Embalmer's Signature J. M. Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Arizona

19. (a) May 20 - 42
(Date received local Registrar)
(b) Gene Wauschee
(Registrar's Signature)

20M 100% Rag 9/23/40

6-11-42

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 19 1942
TIME (Hour and minute) 2:30 AM
21. I hereby certify that I attended the deceased from May 15
1942 to May 18 1942
that I last saw him alive on May 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
renal artery
Due to 6 months Renal
Due to cause unknown
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
4 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 Almond Prayle
Address Miami Date signed May 20 1942