

4794

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 85

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 1015 Desert Hill
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 30 yrs; In Arizona 30 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 1015 Desert Hill; (e) If foreign born, in U. S. A. 30 yrs.
3. (a) FULL NAME Bessie R. Ordorica (b) If veteran name war. None (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Alfred Ordorica 6. (c) Age of husband or wife, if alive 34 yrs.
7. Birthdate of deceased March 2, 1910
(Month) (Day) (Year)
8. AGE: Years 32 Months 4 Days 22 If less than one day
hrs. min.
9. Birthplace San Miguel, Mexico
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father { 12. Name Juan Ramirez
13. Birthplace Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Maria Ramirez
15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Alfred Ordorica
(b) Address Miami, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Paradise (c) Date July 26, 1942
18. (a) Embalmer's Signature J. J. White
(b) Funeral Director J. J. White
(c) Address Mesa, Arizona
19. (a) July 27, 1942
(Date received local Registrar)
(b) Desert S. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 24, 1942
TIME (Hour and minute) 6:45 A.M.

21. I hereby certify that I attended the deceased from April 25
1942 to July 24, 1942
that I last saw her alive on July 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Left Chronic pyelonephritis 4 mos.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION 5 minutes

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 L. Adams M.D.
Address Miami, Ariz Date signed 7/25/42
Host, Miami, Ariz