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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 22  
Registrar's No. 299

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Co Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 4 Mo; In Community 4 Mo; in Arizona 4 Mo  
(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. 88 Red Spring Canyon (e) Citizen of foreign country (yes or No) No  
3. (a) FULL NAME Gene Madrid (b) If Veteran name war No Social Security No. None

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced  
6. (b) Name of husband or wife 6. (c) Age of husband or wife, if alive. yrs.  
7. Birthdate of deceased April 16 1942  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
4 12 hrs. min.  
9. Birthplace Miami Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation  
11. Industry or Business  
Father { 12. Name Carlos Madrid  
13. Birthplace Globe Arizona  
Mother { 14. Maiden Name Natalia Montes  
15. Birthplace Marsden Arizona  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Natalia Madrid  
(b) Address 88 Red Spring Canyon  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Live Oak Cem. (c) Date Oct 3 1942  
18. (a) Embalmer's Signature J. H. Miller  
(b) Funeral Director J. H. Miller  
(c) Address Medicine  
19. October 24 1942  
(Date received local Registrar)  
(b) Gene Wancher  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 28 1942  
TIME (Hour and minute) 10 P M.  
21. I hereby certify that I attended the deceased from Sept 20  
19.42 to Sept 28 19.42;  
that I last saw her alive on Sept 28 19.42;  
and that death occurred on the date and hour stated above.  
Immediate cause of death  
Double apical lobes  
neurosis  
Due to  
Influenza  
Other conditions (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 Leslie D. Drayton M. D.  
Address Miami Date signed Oct 11 1942

DURATION  
3 days  
5 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically