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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 94
Registrar's No. 101

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

4. Sex Male 5. Color or Race Mexican 6. (a) 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 May 28 1941
(Month) (Day) (Year)
8. AGE: Years 1 Months 4 Days 5 If less than one day
hrs. _____ min. _____

9. Birthplace Globe Arizona
(City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business _____
Father { 12. Name Antonio Rivera
13. Birthplace Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Concha Diaz
15. Birthplace Globe, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Concha Diaz Rivera
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date 10/6/42 19____
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona

19. (a) November 2-42
(Date received local Registrar)
(b) Francis W. Warriner
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 3 1942
TIME (Hour and minute) 9:40 AM M.
21. I hereby certify that I attended the deceased from October 1,
19.42 to October 3 19.42
that I last saw him alive on October 2, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death exhaustion,
asthenia,
enteritis, chronic.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
4 days
7 weeks
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? _____ (c) Means of injury _____
23. Signature W. S. Clark M. D.
Address Globe Arizona Date signed 10/31/42