

619

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 99

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 358 Bankers One
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 14 yrs; In Community 28 yrs; In Arizona 28 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 358 Bankers One; (e) If foreign born, in U. S. A. None yrs.
3. (a) FULL NAME Thomas Redonda (b) If veteran 1st Lt (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
(b) Name of husband or wife Antonio Redonda 6. (c) Age of husband or wife, if alive 33 yrs.
7. Birthdate of deceased Aug 22 1905
(Month) (Day) (Year)
8. AGE: Years 37 Months 6 Days 23 If less than one day hrs min
9. Birthplace Pierce Arizona
(City, town or county) (State or Country)
10. Usual Occupation Home wife
11. Industry or Business
12. Name Carlos Martinez
13. Birthplace Pucson Ariz
(City, town or county) (State or Country)
14. Maiden Name Jessie Pacheco
15. Birthplace Pucson Ar
(City, town or county) (State or Country)
16. (a) Informant's own signature Antonio Redonda
(b) Address Pacheco
17. (a) Burial, Cremation or Removal Buried
(b) Place Globe Ariz (c) Date Oct 16 1942
18. (a) Embalmer's Signature J. H. ...
(b) Funeral Director W. H. ...
(c) Address Market St
19. (a) Oct 24 - 42
(Date received local Registrar)
(b) Jane Wencle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 15 1942
TIME (Hour and minute) 1:30 P M.

21. I hereby certify that I attended the deceased from Sept. 22 1942 to Oct. 15 1942
that I last saw her alive on Oct. 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions Cesarian operation Sept. 22, 1942
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
3 hours

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 T. C. Harper M. D.
Address Globe, Ariz Date signed 10-22-42