STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 53
Registrar's No. 220

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location 816-3rd St (St. & No. (or) Name of institution)

(d) Length of Stay: In Hospital or Institution None; In Community 40 Years (Specify whether years, months or days); in Arizona 40 Years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)

(d) Street No. 816-3rd Street; (e) Citizen of foreign country (yes or No) No If Yes, which country

3. (a) FULL NAME Martha Puzzi (b) If Veteran name war Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Married

6. (b) Name of husband or wife: Dominic M Puzzi
6. (c) Age of husband or wife, if alive 69 yrs.

7. Birthdate of deceased 12 (Month) 28th (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	26	hrs. ... min.

9. Birthplace Bairo (City, town or county) Italy (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name Stephen Zeano
13. Birthplace Italy (City, town or county) (State or Country)

Mother
14. Maiden Name Margaret Zeano
15. Birthplace Italy (City, town or county) (State or Country)

16. (a) Informant's own signature Stephen Puzzi
(b) Address 849 Greene St., Douglas, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas, Ariz (c) Date 11-28th 19 42

18. (a) Embalmer's Signature Gordon Brown 238-
(b) Funeral Director Porter & Ames 29-
(c) Address Douglas, Arizona

19. (a) Nov 27-42 (Date received local Registrar)
(b) Ew Adamson (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-24-1942, 19..;
TIME (Hour and minute) 11-45PM M.

21. I hereby certify that I attended the deceased from 11-24, 19 42 to 11-24, 19 42 that I last saw he alive on 11-24, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — DURATION 15 min

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 H. Allen M. D.
Address Douglas, Arizona Date signed 11-25-1942