1104

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 76a
Registrar's No. 80

1. Place of Death: (a) County Gila (b) City or Town Miami (If outside city limits also write RURAL) (c) Location Miami Inspiration Hosp (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 0; In Community 0; in Arizona 0 (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. 1014 Sullivan; (e) Citizen of foreign country (yes or No)

If Yes, which country (If NONE write the word)

3. (a) FULL NAME Baby Madrid (b) If Veteran name war Social Security No. None

4. Sex Male | 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 November 6 1942 (Month) (Day) (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day hrs. ..... min. .....

9. Birthplace Miami Arizona (City, town or county) (State or Country)

10. Usual Occupation

11. Industry or Business

Father
12. Name Edmund Madrid
13. Birthplace Clifton Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Soledad Contreras
15. Birthplace El Paso, [illegible] (City, town or county) (State or Country)

16. (a) Informant's own signature Edmund Madrid
(b) Address Miami, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date November 7-42

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Miles Mortuary
(c) Address Miami, Arizona

19. (a) November 12, 1942 (Date received local Registrar)
(b) Lieson D Brayton (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION (Nov 6, 1942)

20. DATE OF DEATH (Month, day and year) Nov 6, 1942;
TIME (Hour and minute) 5:30 P. M.

21. I hereby certify that I attended the deceased from Nov 6 42, 19..... to Nov 6, 1942;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Still born

Due to premature 7 mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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 Russell H Mace M. D.
Address Miami Date signed Nov 9/42