

1116

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 116

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Six Shooter Canyon  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community six days; In Arizona 6 days  
(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. Six Shooter Canyon; (e) If foreign born, in U. S. A. 6 days yrs.  
3. (a) FULL NAME Jose Antonio Navarro (b) If veteran name war \_\_\_\_\_ (c) Social Security No. none  
(If NONE write the word)

4. Sex male 5. Color or Race White 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 November 13 1942  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 6 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Globe Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation \_\_\_\_\_  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Jose Navarro  
13. Birthplace San Jose Mexico  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Marquise Simon  
15. Birthplace Globe Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Jose Navarro  
(b) Address GLOBE, ARIZONA  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinal, Pinal (c) Date Nov: 20 1942  
18. (a) Embalmer's Signature J. J. M. M. M.  
(b) Funeral Director J. J. M. M. M.  
(c) Address Mesa, Arizona  
19. (a) Dec. 1 - 42  
(Date received local Registrar)  
(b) J. J. M. M. M.  
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 19, 1942;  
TIME (Hour and minute) 8:10 P.M.  
21. I hereby certify that I attended the deceased from Nov. 13, 1942 to Nov 19, 1942;  
that I last saw him alive on Nov 19, 1942;  
and that death occurred on the date and hour stated above.  
Immediate cause of death  
1. Respiratory Failure  
2. Metabolic Disease of Newborn 5 days  
Due to avitaminosis (Vitamin K deficiency)  
Due to \_\_\_\_\_  
Other conditions Prematurity 7 months  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
24 hrs  
5 days  
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 J. J. M. M. M. M. D.  
Address Globe Arizona Date signed 11/20/42