2020

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 446
Registrar's No. 3

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

(d) Length of Stay: In Hospital or Institution ; In Community ? ; In Arizona ? (Specify whether years, months or days)

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

(d) Street No. No Street Number ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Joseph W Audette (b) If veteran name war World War 1 (c) Social Security No. 526-12-5530 (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Maria Nunez
6. (c) Age of husband or wife, if alive: 75 yrs.
7. Birthdate of deceased: April (Month) 4 (Day) 1890 (Year)
8. AGE: Years 52 Months 9 Days 8 If less than one day hrs. min.
9. Birthplace: Village of Argyle, Marshall Co. Minn (City, town or county) (State or Country)
10. Usual Occupation: Printer
11. Industry or Business: Ajo Copper Ncos, Ajo, Ariz

Father
12. Name: John Audette
13. Birthplace: Not Known (City, town or county) U.S. (State or Country)

Mother
14. Maiden Name: Hermance Not Known
15. Birthplace: Not Known (City, town or county) Canada (State or Country)

16. (a) Informant's own signature: Maria Nunez Audette
(b) Address: Ajo Ariz

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Ajo, Ariz (c) Date: Jan 14 1943
18. (a) Embalmer's Signature: N. J. Lyons
(b) Funeral Director: N. J. Lyons
(c) Address: Ajo, Arizona
19. (a) Jan. 20 - 1943 (Date received local Registrar)
(b) Lois L. Whiteley (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 12, 1943;
TIME (Hour and minute) 9:30 P M.

21. I hereby certify that I attended the deceased from Jan 10, 43, 19 to Jan 12, 19 43, that I last saw him alive on Jan 12, 43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to:

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: Frederick L. Kaufman M. D.
Address: Ajo, Ariz Date signed 1-18-43