

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 81
Registrar's No. 12

1. Place of Death: (a) County Dela (b) City or Town Miami (c) Location 408 Raymond Ave
(If outside city limits also write RURAL) (St. & No. (or Name of Institution))
(d) Length of Stay: In Hospital or Institution ; In Community 25 yrs; in Arizona 35 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Dela; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 408 Raymond Ave; (e) Citizen of foreign country (yes or No) No
If Yes, which country _____
3. (a) FULL NAME Richard Maurer (b) If Veteran name war No (c) Social Security No. 526-03-5713

4. Sex Male 5. Color or Race White 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 _____ 1882
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
61 - - - hrs. min.
9. Birthplace Finland
(City, town or county) (State or Country)
10. Usual Occupation Carpenter
11. Industry or Business W.B. Bechtel Co
Father { 12. Name Unknown
13. Birthplace " _____
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace " _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Personal Paper
(b) Address _____
17. (a) Burial, Cremation or Removal Burial
(b) Place Parish (c) Date Feb 25 1943
18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director Males Mortuary
(c) Address Miami Ariz
19. (a) March 11, 1943
(Date received local Registrar)
(b) Richard S. Boylan
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Feb 23, 1943;
TIME (Hour and minute) 2:00 A M.
21. I hereby certify that I attended the deceased from Jan 10 - 1943
to Feb 23 - 1943
that I last saw him alive on Jan 23 - 43, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Hemorrhage with cardiac block
Due to Pulmonary Tuberculosis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) None
(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 Byrdon B... M. D.
Address ... Date signed Feb 23 43

DURATION 2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically

Dr. Cron