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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 88  
Registrar's No. 15

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 44 Marion Hill  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 23 yrs; in Arizona 50 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz. (b) County Gila (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 4 Marion Hill (e) Citizen of foreign country (yes or No) No.

3. (a) FULL NAME Silviano M. Maizcal (b) If Veteran name was \_\_\_\_\_ (c) Social Security No. None

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

6. (b) Name of husband or wife Macedonia Maizcal 6. (c) Age of husband or wife, if alive 76 yrs.

7. Birthdate of deceased May 3 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Chihuahua Mexico  
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business \_\_\_\_\_

12. Name Victoriano Maizcal

13. Birthplace Chihuahua Mex  
(City, town or county) (State or Country)

14. Maiden Name Dilar Mendoza

15. Birthplace Chihuahua Mex  
(City, town or county) (State or Country)

16. (a) Informant's own signature Frank S. Maizcal  
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Rinal (c) Date Mar. 7 1943

18. (a) Embalmer's Signature J. Wey Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) March 4 1943  
(Date received local Registrar)

(b) Nelson D. Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 4, 1943;  
TIME (Hour and minute) 7:15 P. M.

21. I hereby certify that I attended the deceased from Sept 8, 1942 to March 4, 1943  
that I last saw him unalive on March 3, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Sepsis

Due to Infected knee

Due to \_\_\_\_\_

Other conditions Pneumonia lobar  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION
<u>5 wks</u>
<u>5 wks</u>
<u>15 days</u>

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 Nelson D. Brayton M. D.  
Address Miami Ariz. Date signed Mar 4 1943

Dr. Wey