

1500

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 94

Registrar's No. 213

1. Place of Death: (a) County Gila (b) City or Town Claypool (c) Location 27 Brown Canyon
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 11 mo
 (Specify whether years, months or days) ; in Arizona 11 mo

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

(d) Street No. 27 Brown Canyon (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME Enrique Perez Pastor Jr. (b) If Veteran no (c) Social Security No. _____

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

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

7. Birthdate of deceased May 1 1942
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 11 _____ hrs. _____ min.

9. Birthplace Claypool Ariz.
 (City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father } 12. Name Enrique Pastor
 13. Birthplace Miami Ariz.
 (City, town or county) (State or Country)

Mother } 14. Maiden Name Marguerita Lopez
 15. Birthplace Claypool Ariz.
 (City, town or county) (State or Country)

16. (a) Informant's own signature Enrique C. Pastor
 (b) Address Claypool, Ariz.

17. (a) Burial, Cremation or Removal Burial
 (b) Place Pinal (c) Date Apr. 13, 1943

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

19. (a) April 15, 1943
 Date received local Registrar
 (b) Leon D. Brayton
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 12, 1943
 TIME (Hour and minute) 4:10 A.M.

21. I hereby certify that I attended the deceased from April 11, 1943 to April 11, 1943
 that I last saw him alive on April 11, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 A. R. ... M. D.
 Address Miami Ariz. Date signed 4-15-43

DURATION
1 week

PHYSICIAN
 Underline the cause to which death should be charged statistically