

2139

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

917

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

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community Life; In Arizona Life  
(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. Euclid St.

3. (a) FULL NAME Benjamin Rios, Jr. (b) If veteran name war No (c) If foreign born, in U. S. A. \_\_\_\_\_ yrs. (d) Social Security No. No (If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>Mexican</u>	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 Jany. 27th 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 3 Days 6 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Globe, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation At Home

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

12. Name Benjamin Rios  
13. Birthplace Ajo, Arizona  
(City, town or county) (State or Country)

14. Maiden Name Rumalda Grijalva  
15. Birthplace Tucson, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Benjamin Rios  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Ariz. (c) Date 5-7-43

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) May 12-43  
(Date received local Registrar)  
(b) June. Navasche  
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) May 3rd. 1943  
TIME (Hour and minute) 3:00 AM

21. I hereby certify that I attended the deceased from April 30, 1943 to May 3, 1943; that I last saw him alive on May 2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastroenteritis  
Due to Cause not ascertained

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION	<u>3 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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. E. Clark M. D.  
Address Globe, Arizona Date signed 5-7-43