

2154

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 111

Registrar's No. 36

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

(d) Length of Stay: In Hospital or Institution 1 day; In Community 6 mo.; in Arizona 6 mo.
(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. 3334 Loomis Ave. (e) Citizen of foreign country (yes or No) no
If Yes, which country _____

3. (a) FULL NAME Romalia Magaña (b) If Veteran name war no (c) Social Security No. None

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive _____ yrs.

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

8. AGE: Years Months Days If less than one day
6 17 hrs. min.

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

10. Usual Occupation none

11. Industry or Business _____

Father { 12. Name José Magaña

13. Birthplace Jalisco Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Refugio Lopez

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

16. (a) Informant's own signature José Magaña

(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Pinal (c) Date May 16 1943

18. (a) Embalmer's Signature J. Ney Malaga Jr.

(b) Funeral Director Malcolm Mortuary

(c) Address Miami Ariz.

19. (a) May 10 1943
(Date received local Registrar)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 14, 1943;
TIME (Hour and minute) 19:45 a. M.

21. I hereby certify that I attended the deceased from May 10, 1943 to May 14, 1943;
that I last saw her alive on May 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION

5 days

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 May 15 1943