

2000

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 66

Registrar's No. 63

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 235 Fairview
(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. 235 Fairview; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Guadalupe Rebeles (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Tiber Rebeles 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Sept. 1st. 1915
(Month) (Day) (Year)
8. AGE: Years 27 Months 9 Days 4 If less than one day
hrs. _____ min. _____
9. Birthplace Globe, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business _____
12. Name Vicente Garcia
13. Birthplace Mexico
(City, town or county) (State or Country)
14. Maiden Name Ella E. Tewksbury
15. Birthplace Globe, Arizona
(City, town or county) (State or Country)
16. (a) Informant's own signature Tiber Rebeles
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 6/8/43 19____
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) June 12-43
(Date received local Registrar)
(b) Gene Wauson
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 5th 1943
TIME (Hour and minute) 5 PM M.
21. I hereby certify that I attended the deceased from May 28
1943 to May 30, 1943
that I last saw her alive on May 30, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Tuberculosis Pulmonary Advanced
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. E. Clark M. D.
Address Globe Arizona Date signed 6/11/43

DURATION
1 1/2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.