

2021

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 179

Registrar's No. 58

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 days; In Community 65 Years; In Arizona 65 Years
(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.; (e) If foreign born, in U. S. A. 65 Years yrs.
3. (a) FULL NAME Jesus A. Quihuis (b) If veteran name war. No (c) Social Security No. None
(If NONE write the word)

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

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

7. Birthdate of deceased Dec. 24th 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 22 If less than one day hrs. _____ min. _____

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

10. Usual Occupation Miner

11. Industry or Business _____

12. Name No Record
13. Birthplace No Record
(City, town or county) (State or Country)

14. Maiden Name No Record
15. Birthplace No Record
(City, town or county) (State or Country)

16. (a) Informant's own signature Enriqueta Guerrero
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 6/17/43 1943

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

19. (a) June 18 - 43
(Date received local Registrar)
(b) Jesus Quihuis
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 15th 1943 ;
TIME (Hour and minute) 8:00 AM M.

21. I hereby certify that I attended the deceased from June 10
1943 to June 15, 1943
that I last saw him alive on June 14, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bacillary Dysentery
Due to _____

Due to _____
Other conditions Anterior sclerosis
(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 Alison D. Gray M. D.
Address _____ Date signed June 15 1943

DURATION

1 week
1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.