

2023

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 81

1. Place of Death: (a) County Dela (b) City or Town Miami (c) Location 1013 Sullivan  
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution no; In Community 9 mos; in Arizona 9 mos  
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Dela; (c) City or Town Miami  
 (If outside city limits also write RURAL)

(d) Street No. 1013 Sullivan (e) Citizen of foreign country (yes or No) no  
 If Yes, which country \_\_\_\_\_ (c) Social Security No. no

3. (a) FULL NAME Roberto Munez (b) If Veteran name war no (c) Social Security No. no

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced single  
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive no yrs.

7. Birthdate of deceased left 28 1942  
 (Month) (Day) (Year)

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

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

10. Usual Occupation Infant  
none

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

12. Name Roberto Acosta Munez  
 13. Birthplace Chihuahua Mexico  
 (City, town or county) (State or Country)

14. Maiden Name Gracy Castro  
 15. Birthplace Safford Arizona  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Roberto A. Munez  
 (b) Address 1013 Sullivan

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Miami Ariz (c) Date June 19, 1943

18. (a) Embalmer's Signature J. Roy Miles Jr.  
 (b) Funeral Director Walter Montaudry  
 (c) Address Miami Ariz.

19. (a) June 20 1943  
 (Date received local Registrar)  
 (b) Nelson D. Brayton  
 (Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. \_\_\_\_\_ Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 17, 1943  
 TIME (Hour and minute) 7<sup>00</sup> P M.

21. I hereby certify that I attended the deceased from June 7 1943, 19\_\_\_\_ to June 17 1943, 19\_\_\_\_  
 that I last saw h. im alive on June 17 1943, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastro Enteritis

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. Signatur Nelson D. Brayton M. D. Address Miami Date sign June 20 1943

DURATION

2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically