

2025

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 83
Registrar's No. 75

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County 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 unknown; in Arizona unknown
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Micron
(If outside city limits also write RURAL)
(d) Street No. unknown; (e) Citizen of foreign country (yes or No) _____
If Yes, which country unknown
3. (a) FULL NAME Jose Mendoza (b) If Veteran name was No (c) Social Security No. None

4. Sex Male 5. Color or Race Mex 6. (a) Single, married, widowed or divorced 47 unknown
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased unknown
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
unknown approx 57 years
hrs. min.

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

10. Usual Occupation laborer

11. Industry or Business _____
12. Name unknown
13. Birthplace _____
(City, town or county) (State or Country)

14. Maiden Name unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Record
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Prud'Les (c) Date Jan 23 1943

18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

19. (a) _____
(Date received local Registrar)
(b) _____
(Registrar's Signature)

(Irene Wanslee)
County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 18, 1943;
TIME (Hour and minute) 6 A M.
21. I hereby certify that I attended the deceased on June 18 1943
_____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Pulmonary Tuberculosis
Bacillary
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION

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? _____ (a) Means of injury _____
23. Signature Nelson D. Gray Jr M. D.
Address man Date signed June 18 1943