2041

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 139
Registrar's No. 13.

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

(d) Length of Stay: In Hospital or Institution —; In Community 4 days (Specify whether years, months or days); In Arizona 4 days

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

(d) Street No.; (e) If foreign born, in U. S. A. Cit. 7 & 6 yrs.

3. (a) FULL NAME Jesus Muela (b) If veteran name war. (c) Social Security No. 527-03-6850 (If NONE write the word)

4. Sex Male | 5. Color or Race Mex | 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Jesus Muela | 6. (c) Age of husband or wife, if alive 54 yrs.

7. Birthdate of deceased Aug 25 — 1879 (Month) (Day) (Year)

8. AGE: Years 63 | Months 9 | Days 25 | If less than one day hrs. min.

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

10. Usual Occupation Copper Miner

11. Industry or Business Retired

Father
12. Name Jesus Muela
13. Birthplace Mexico (City, town or county) (State or Country)

Mother
14. Maiden Name Dominsida Gonzales
15. Birthplace Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature [illegible]
(b) Address P.O. Box 774 Clifton Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Clifton Ariz (c) Date 6/23 1943

18. (a) Embalmer's Signature [illegible] McMillen
(b) Funeral Director McMILLEN FUNERAL HOME
(c) Address Clifton Ariz

19. (a) 6-26-43. (Date received local Registrar)
(b) M. Darrin Lane Jr. (Registrar's Signature)

20M 100% Rag 9/22/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 20, 1943
TIME (Hour and minute) 5:15 P. M.

21. I hereby certify that I attended the deceased from 6-18-43, 1943 to 6-20, 1943 that I last saw him alive on 6-20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute intest obstruction — DURATION 4 days
Due to Not Known
Due to Not Known
Other conditions Myocarditis, Hypertension (Include pregnancy within 3 months of death) Probably
Major findings:
Of operations
Of autopsy

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 E. M. Rudel M. D.
Address Clifton Ariz Date signed 6-22-43