

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 90  
Registrar's No. 76

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen Hospital  
Stillborn (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 Life Stillborn; In Arizona Life Stillborn  
(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. \_\_\_\_\_; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
(f) If veteran name war \_\_\_\_\_; (g) Social Security No. \_\_\_\_\_ (If NONE write the word)

3. (a) FULL NAME Robert Maldonado  
4. Sex Male 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased July 8 1943 (Month) (Day) (Year)  
8. AGE: Years Stillborn Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs 1 min \_\_\_\_\_  
9. Birthplace Globe Arizona (City, town or county) (State or Country)  
10. Usual Occupation \_\_\_\_\_  
11. Industry or Business \_\_\_\_\_  
12. Name Angel Maldonado (City, town or county) (State or Country)  
13. Birthplace Mexico (City, town or county) (State or Country)  
14. Maiden Name Petra Monarred (City, town or county) (State or Country)  
15. Birthplace Globe Arizona (City, town or county) (State or Country)

20. DATE OF DEATH (Month, day and year) July 8, 1943; TIME (Hour and minute) 11:45 A. M.  
21. I hereby certify that I attended the deceased from July 8, 1943, to July 8, 1943; that I last saw him Stillborn - July 8, 1943; and that death occurred on the date and hour stated above.  
Immediate cause of death Asphyxia due to difficult & long labor - Breech  
Due to \_\_\_\_\_  
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.

16. (a) Informant's own signature Angel Maldonado  
(b) Address Globe Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Arizona (City or Town) (County) (State)  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona  
19. (a) July 20-43 (Date received local Registrar)  
(b) [Signature] (Registrar's Signature)

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 \_\_\_\_\_ M. D.  
23. Signature [Signature] Address Globe, Ariz. Date signed 7-16-43