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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 78  
Registrar's No. 666

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Miami (c) Location 45 Skyline Trail  
(If outside city limits also write RURAL) (St. & No. or Name of Institution)  
(d) Length of Stay: In Hospital or Institution None; In Community 0; In Arizona 0  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Maricopa; (c) City or Town Miami  
(If outside city limits also write RURAL)  
(d) Street No. 65 Skyline Trail; (e) If foreign born, in U. S. A. 0 yrs.  
3. (a) FULL NAME Baby Padilla (b) If veteran name war No (c) Social Security No. None  
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Infant  
7. (b) Name of husband or wife \_\_\_\_\_ 7. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Aug 19 43  
(Month) (Day) (Year)  
8. AGE: Years 0 Months 0 Days 0 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual Occupation Infant

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

12. Name Ben Padilla  
13. Birthplace Hernandez New Mex  
(City, town or county) (State or Country)

14. Maiden Name Olivera Lobato  
15. Birthplace Hernandez N. Mex.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Ben Padilla  
(b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinel (c) Date Aug 19 1943

18. (a) Embalmer's Signature J. M. Matos Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz

19. (a) Aug 21 1943  
(Date received local registrar)  
(b) Nelson D. Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 19 1943  
TIME (Hour and minute) 12:00 A. M.

21. I hereby certify that I attended the deceased on Aug 19 1943  
that I last saw him in bed on Aug 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn  
Due to unknown causes

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Nelson D. Brayton Date signed Aug 20 1943  
Address Miami