

2549

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 178
Registrar's No. 84

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 3312 Loomis Ave. (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution none; In Community 3 days; In Arizona 3 days
(Specify whether years, months or days)

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

(d) Street No. 3312 Loomis Ave.; (e) If foreign born, in U. S. A. no yrs.
(b) If veteran name war no (c) Social Security No. none
(If NONE write the word)

3. (a) FULL NAME Maria Picazo

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

7. Birthdate of deceased Nov. 21 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
0 0 3 hrs. _____ min. _____

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

10. Usual Occupation _____
11. Industry or Business _____

12. Name Guadalupe Picazo
13. Birthplace Sallis New Mex.
(City, town or county) (State or Country)

14. Maiden Name Carlin Arila
15. Birthplace Clappall Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Guadalupe Picazo
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Paradise (c) Date Nov. 25, 1943

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

19. (a) November 29 1943
(Date received local Registrar)
(b) Kesson W. Brayton
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 24, 1943
TIME (Hour and minute) 11:30 a. M.

21. I hereby certify that I attended the deceased from Nov 21-43
to Nov 24-1943
that I last saw her alive on Nov 24-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Prematurity
Due to Gestation 7 months

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy _____

DURATION 3 days
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) no
(b) Date of occurrence _____
(c) Where did injury occur? none (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 Louise M. Cron M. D.
Address Miami Ariz. Date signed 11-27-43