

118

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 100

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen Hosp
(d) Length of Stay: In Hospital or Institution 2 days (Specify whether years, months or days) 24 yrs in Community 26 yrs
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
(d) Street No. _____ (e) Citizen of foreign country (yes or No) yes
If Yes, which country Mexico (c) Social Security No. None

3. (a) FULL NAME Maria Liaz Miranda (b) Sex Female (c) Color or Race Mexican
(d) (a) Single, married, widowed or divorced married (b) Name of husband Francisco Miranda (c) Age of husband _____
(d) Birthdate of deceased May 17th 1889
9. AGE: Years 54 Months 7 Days 1 (If less than one day hrs. min.)
10. Birthplace St. Chuiachua Mexico (City, town or county) (State or Country)

11. Usual Occupation House wife
12. Industry or Business _____
13. Name Epiquimio Liaz
14. Birthplace Mexico (City, town or county) (State or Country)
15. Maiden Name Ignacia Estrada
16. Birthplace Mexico (City, town or county) (State or Country)

17. (a) Informant's own signature Francisco Miranda
(b) Address Globe, Arizona
18. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 12/20 1943
19. (a) Embalmer's Signature Ed N. Jones
(b) Funeral Director Ed N. Jones
(c) Address Globe, Arizona

20. (a) Informant's own signature _____
(b) Address _____
21. (a) Burial, Cremation or Removal _____
(b) Place _____ (c) Date _____ 19. ____
22. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

23. (a) _____
(b) _____
(c) _____
(d) _____
(e) _____

20. DATE OF DEATH (Month, day and year) Dec 18th 1943
TIME (Hour and minute) 2:25 P.M.
21. I hereby certify that I attended the deceased from Dec. 4, 1944 to Dec. 18, 1944
that I last saw her alive on Dec. 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal phytomation -
Chronic cholecystitis -
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Large Gall Stone (3/4 in. diameter)
obstructing jejunum
abscess stone same size
in common bile duct.

DURATION
5 days
1 year
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 J. C. Harpe M. D.
Address Globe, Ariz. Date signed 1-6-44