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Dr Tucker

ARIZONA STATE DEPARTMENT OF HEALTH (2)
DIVISION OF VITAL STATISTICS

State File No. 6377

Registrar's No. 65

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

(d) Length of Stay: In Hospital or Institution 10 Days; In Community 68Years (Specify whether years, months or days); in Arizona 68 Years.

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

(d) Street No. ; (e) Citizen of foreign country (yes or No) No.

If Yes, which country

(b) If Veteran name war ; Social Security No. None (If NONE write the word)

3. (a) FULL NAME Mrs. Rafila Arvizu

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	Mexican	Widowed

6. (b) Name of husband or wife ; 6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased Oct. 24. (Month) (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
83	1	20	hrs. ..... min. .....

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

10. Usual Occupation Retired Housewife

11. Industry or Business

Father: 12. Name Rafael Monral
13. Birthplace Mexico (City, town or county) (State or Country)

Mother: 14. Maiden Name No-Record
15. Birthplace No-Record (City, town or county) (State or Country)

16. (a) Informant's own signature Ed. Arvizu
(b) Address Los Angeles, Calif

17. (a) Burial, Cremation or Removal Buriall
(b) Place Florence Cementary (c) Date Dec. 12 1943

18. (a) Embalmer's Signature Dalton H. Cole
(b) Funeral Director Cole & Maud Mortuary
(c) Address Florence, Arizona

19. (a) Jan 14 1944 (Date received local Registrar)
(b) D. O. Martin (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 10. 1943;
TIME (Hour and minute) 6;30. A.M/M.

21. I hereby certify that I attended the deceased from 11-30, 1943 to 12-10, 1943; that I last saw her alive on 12-10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions Fracture of femur (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 Nov. 1943
(c) Where did injury occur? Florence (City or Town) Pinal (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in Home (Specify type of place)
While at work? Yes (e) Means of injury fall

23. Signature J B Sucky M.D. M. D.
Address Florence Ariz Date signed 12-15-43