

1588

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 63
Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Winkelman (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; in Arizona 50 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Winkelman
(d) Street No. _____ (e) Citizen of foreign country (yes or No) _____
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Abraham Rubal Jr. (b) If Veteran name war * Social Security No. _____

4. Sex Male	5. Color or Race White	6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife <u>None</u>		6. (c) Age of husband _____, if alive. _____ yrs.
7. Birthdate of deceased <u>Dec. 25, 1943</u> (Month) (Day) (Year)		
8. AGE: Years	Months	Days
	<u>1</u>	<u>20</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Hayden Junction, Arizona</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>None</u>		
11. Industry or Business _____		
Father	12. Name <u>Abraham Rubal</u>	
	13. Birthplace <u>Hayden Junction, Arizona</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Antonia Groff</u>	
	15. Birthplace <u>Hayden, Junction, Arizona</u> (City, town or county) (State or Country)	

16. (a) Informant's own signature Abraham Rubal
(b) Address Winkelman, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman (c) Date Feb 14, 1944
18. (a) Embalmer's Signature None
(b) Funeral Director P. G. Sutton
(c) Address Winkelman Ariz
19. (a) Feb 14-44 (Date received local Registrar)
(b) P. G. Sutton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 13, 1944, 19____; TIME (Hour and minute) not known M.
21. I hereby certify that I attended the deceased from ** at all _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Accidental Suffocation
Due to Sffocated between parents in bed.
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	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accidental
(b) Date of occurrence 2/13/44
(c) Where did injury occur? Winkelman, Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? _____ (e) Means of injury Suffocation
23. Signature Charles H. Harts M. D. Date signed 2/13/44
Address Hayden Junction