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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 104

Registrar's No. 137

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

(d) Length of Stay: In Hospital or Institution 2 days; In Community 17 years; In Arizona 17 years  
(Specify whether years, months or days)

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

(d) Street No. 41 Glabe Street; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country

3. (a) FULL NAME John Krish Maslavan (b) If Veteran name war WWI (c) Social Security No. 526-05-9197

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Minnie Beach Maslavan 6. (c) Age of husband or wife, if alive 48 yrs.

7. Birthdate of deceased August 27 1888  
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 3 If less than one day hrs. min.

9. Birthplace Serbia (Yugoslavia)  
(City, town or county) (State or Country)

10. Usual Occupation laborer

11. Industry or Business Copper mining

Father { 12. Name Krish Maslavan  
13. Birthplace Serbia (Yugoslavia)  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Steta J. Marovich  
15. Birthplace Serbia (Yugoslavia)  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Luce Burrell  
(b) Address 4420 Miami, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Final Cem. (c) Date July 2 1944

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

19. (a) July 5 1944  
(Date received Local Registrar)  
(b) Nelson S. Brayton  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 28 1944  
TIME (Hour and minute) 11:50 P. M.

21. I hereby certify that I attended the deceased from June 28-44  
to June 28-44, 19... to June 28-44, 19...  
that I last saw him alive on June 28 - 44, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death skull fracture  
fractured ribs & pressure  
pneumo thorax

Due to Injury

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) Accident  
(b) Date of occurrence June 27-44  
(c) Where did injury occur? Impoveration Ariz  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial  
(Specify type of place)  
While at work? yes (e) Means of injury Fall

23. Signature J. E. Harris, M.D. M. D.  
Address Miami Ariz Date signed July 2-44

DURATION 5  
June 28  
June 27  
PHYSICIAN  
Underline the cause to which death should be charged statistically