

1118

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 68  
Registrar's No. 1181

1. Place of Death: (a) County GILA (b) City or Town GLOBE (c) Location CO. HOSPITAL  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 16 DAYS; In Community 22 YEARS; in Arizona 22 YEARS  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State ARIZONA; (b) County GILA; (c) City or Town MIAMI  
(If outside city limits also write RURAL)  
(d) Street No. 1007 NINE OAK ST.; (e) Citizen of foreign country (yes or No) NO  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME FRANCISCO M. MORENO (b) H Veteran NO (c) Social Security No. 526-07-9209

4. Sex M 5. Color or Race Latin 6. (a) Single, married, widowed or divorced \_\_\_\_\_  
6. (b) Name of husband or wife PRAEDIS MORENO or wife, if alive 42 yrs. 6. (c) Age of husband \_\_\_\_\_  
7. Birthdate of deceased OCTOBER 4 1903  
(Month) (Day) (Year)  
8. AGE: Years 41 Months 0 Days 29 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace MEXICO (City, town or county) (State or Country)  
10. Usual Occupation LABORER  
11. Industry or Business MINING  
Father } 12. Name CARLOS MORENO  
13. Birthplace MEXICO (City, town or county) (State or Country)  
Mother } 14. Maiden Name JOSALIA MONTANO  
15. Birthplace MEXICO (City, town or county) (State or Country)

16. (a) Informant's own signature Praedis Moreno  
(b) Address Miami Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Miami Ariz. (c) Date Nov. 2 1944  
18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.  
19. (a) Nov. 13 1944 (Date received local Registrar)  
(b) Jesse Wavalle (Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Nov. 3 1944;  
TIME (Hour and minute) 1:00 A.M.  
21. I hereby certify that I attended the deceased from Oct 20  
1944 to Nov. 2 1944;  
that I last saw h. 1 A. alive on Nov. 2 1944;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Aplastic anemia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Sclerosis  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION several months  
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 Alexander J. Busse M. D.  
Address Eschscholtz Ariz. Date signed Nov. 7 1944