

1751

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 95
Registrar's No. 1

1. Place of Death: (a) County Gila (b) City or Town Glendale (c) Location Gila Co. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 19 days; In Community 35 yrs.; In Arizona 44 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 1114 Frederick St. (Granite Spring) (e) Citizen of foreign country (yes or No) no
If Yes, which country Spain
3. (a) FULL NAME Antonio Perez Pastor (b) If Veteran name war no (c) Social Security No. 527-07-6138

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Isabel Pastor 6. (c) Age of husband or wife, if alive 56 yrs.
7. Birthdate of deceased May 14 1874
(Month) (Day) (Year)
8. AGE: Years 70 Months 7 Days 13 If less than one day hrs. min.
9. Birthplace Prov. Salamanca Spain
(City, town or county) (State or Country)
10. Usual Occupation Laborer
11. Industry or Business Water Works Ariz.
Father { 12. Name Eustaquio Pastor
13. Birthplace Spain
(City, town or county) (State or Country)
Mother { 14. Maiden Name Magdalena Santos
15. Birthplace Spain
(City, town or county) (State or Country)

16. (a) Informant's own signature Angel V. Perez
(b) Address Miami Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Final Cem. (c) Date Dec. 31 1944
18. (a) Embalmer's Signature J. Mey Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.
19. (a) Jan. 6 1945
(Date received local Registrar)
(b) Gene Wausalle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 27 1944
TIME (Hour and minute) 12:30 P. M.
21. I hereby certify that I attended the deceased from Dec. 15
1944 to Dec. 27 1944
that I last saw him alive on Dec. 27 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocardial degeneration
Due to Atherosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION about 2 years
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? (a) Means of injury
23. Signature Alexander J. Boase M. D.
Address Glendale Ariz. Date signed 12-29-44