

2387

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 173

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 26 days; In Community Same; In Arizona
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Hayden
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country No Record
If Yes, which country _____; (f) Social Security No. No
3. (a) FULL NAME Antonio Rico (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased No Record
(Month) (Day) (Year)
8. AGE: Years 80 Months _____ Days _____ If less than one day
hrs. _____ min. _____
9. Birthplace Mexico
(City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business _____
Father { 12. Name No Record
13. Birthplace No Record
(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 Hospital Records
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz (c) Date 1/30 1945
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Feb. 2 - 45
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 21 1945
TIME (Hour and minute) 6:45 AM M.
21. I hereby certify that I attended the deceased from Jan. 1, 1945 to Jan. 21, 1945
that I last saw him alive on Jan. 20, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death uremia due to chronic nephritis
Due to _____
Due to _____
Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
DURATION about 3 yrs.
about 10 yrs.
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 T. C. Harper M. D.
Address Globe, Ariz Date signed 2-1-45