

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 66

Registrar's No. 20

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

(d) Length of Stay: In Hospital or Institution 9 wks.; In Community 28 yrs.; in Arizona 28 yrs.
 (Specify whether years, months or days)

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

(d) Street No. Loomis Ave (e) Citizen of foreign country (yes or No) yes
 If Yes, which country Mexico (c) Social Security No. non

3. (a) FULL NAME Jesús Neri (b) If Veteran name war no (c) Social Security No. non

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Widowed
 6. (b) Name of husband or wife Ignacio Neri 6. (c) Age of husband or wife, if alive dec. yrs.

7. Birthdate of deceased June 1980
 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days hrs. min.

9. Birthplace Namiquipa Chihuahua Mex.
 (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business no

Father { 12. Name Porfirio Magallanes
 13. Birthplace Namiquipa Chi. Mex.
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Maricela Tapia
 15. Birthplace Namiquipa Chi. Mex.
 (City, town or county) (State or Country)

16. (a) Informant's own signature Belen Mansuel
 (b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial
 (b) Place Rival Cem. (c) Date Feb. 12 1945

18. (a) Embalmer's Signature J. Ney Miles Jr
 (b) Funeral Director Miles Mortuary
 (c) Address Miami Ariz.

19. (a) Feb. 21 - 45
 (Date received local Registrar)
 (b) Belen Mansuel
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 7 1945
 TIME (Hour and minute) 8:45 A.M.

21. I hereby certify that I attended the deceased from Jan. 1 1945 to Feb. 7 1945
 that I last saw her alive on Feb. 7 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic alcoholism resulting in malnutrition and Due to Chronic bleers hips and Buttocks.

Due to _____
 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) _____
 (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.S. Harper M.D.
 Address Globe Ariz. Date signed 2-14-45

DURATION about 6 mo.

PHYSICIAN Underline the cause to which death should be charged statistically