

1321

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 175  
Registrar's No. 33

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 1 week; In Community 24 yrs; in Arizona 29 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. 14 Miami Ave.; (e) Citizen of foreign country (yes or No) No  
3. (a) FULL NAME Eleodoro Reyes (b) If Veteran No (c) Social Security No. 526-07-8281

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Bruna Reyes 6. (c) Age of husband or wife, if alive 43 yrs.  
7. Birthdate of deceased Oct 6 1902  
(Month) (Day) (Year)  
8. AGE: Years 42 Months 6 Days 1 If less than one day hrs. min.

9. Birthplace Rochester, Greater Mex. (City, town or county) (State or Country)  
10. Usual Occupation Smelter worker  
11. Industry or Business International Smelter  
Father { 12. Name Secundino Reyes  
13. Birthplace Lagos de Moreno Jalisco Mexico (City, town or county) (State or Country)  
Mother { 14. Maiden Name María Refugio Mastling  
15. Birthplace Jalisco, Mex. (City, town or county) (State or Country)

16. (a) Informant's own signature Bruna P Reyes  
(b) Address Miami Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Cind. Cem. (c) Date Apr 11 1945  
18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.  
19. (a) April 11 1945 (Date received local Registrar)  
(b) Alan D. Grayson (Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) April 7 1945  
TIME (Hour and minute) 9:45 A.M.  
21. I hereby certify that I attended the deceased from 3-31  
1945 to 4-7 1945  
that I last saw h. IM alive on 4-7-45 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pat. embolism  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
340  
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? (c) Means of Injury  
23. Signature Myrtle D. Kelly M.D.  
Address M-I Hospital Miami Ariz. Date signed 4-11-45