

2 194

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 350

Registrar's No. 43

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

(d) Length of Stay: In Hospital or Institution 1 day; In Community 1 day; in Arizona (Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (yes or No) No
If yes, which country _____

3. (a) FULL NAME Dolores Sanchez (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced? Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased 5 - 19 - 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Winslow, Arizona
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business _____

Father } 12. Name Porfirio Sanchez
13. Birthplace Las Lunas, N.M.
(City, town or county) (State or Country)

Mother } 14. Maiden Name Plora Chavez
15. Birthplace Las Lunas, N.M.
(City, town or county) (State or Country)

16. (a) Informant's own signature Porfirio Sanchez
(b) Address Winslow, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Winslow, Ariz. (c) Date 5-20-1945

18. (a) Embalmer's Signature Not embalmed
(b) Funeral Director Porfirio Sanchez
(c) Address Winslow

19. (a) 5-20-45
(Date received local Registrar)

(b) Mrs Ed J Cahill
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5 - 20, 1945;
TIME (Hour and minute) 6:10 P.M.

21. I hereby certify that I attended the deceased from 5-19, 1945 to _____, 19____;
that I last saw him alive on 5-20, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis foetalis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

DURATION
26 hrs.

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 M. D. Mearns M. D.
Address Winslow, Ariz Date signed 5-20-45