

2505

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 69

Registrar's No. 42

1. Place of Death: (a) County Pima (b) City or Town Claypool (c) Location M-I Hospital
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or institution 4 days; In Community 2 mo.; in Arizona 9 mo.
(Specify whether years, months or days)

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

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

3. (a) FULL NAME Johnny Pivas (b) If Veteran name war _____ (c) Social Security No. none

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug. 17 1944
(Month) (Day) (Year)

8. AGE: Years 9 Months 7 Days _____ If less than one day hrs _____ min _____

9. Birthplace Lafford Ariz.
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name José Pivas
13. Birthplace San Pablo Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Estefana Lambano
15. Birthplace Molencia Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Estefana Pivas
(b) Address Claypool, Ariz.

17. (a) Burial, Cremation or Removal Buried
(b) Place Final Cem. (c) Date June 22 1945

18. (a) Embalmer's Signature J. Neg. M. M. M.
(b) Funeral Director Milo Martens
(c) Address Miami Ariz.

19. (a) _____ (Date received local Registrar)
(b) Leon D. Grayford (Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 21 1945
TIME (Hour and minute) 5:25 P.M.

21. I hereby certify that I attended the deceased from 6-18-45 to 6-21-45
that I last saw him alive on 6-21-45

and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastritis

Due to _____

Due to Indeterminate

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? Indeterminate (e) Means of injury Fall

23. Signature Indeterminate Address M-I Hospital Date signed 6-23-45

DURATION 1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically