

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 71
Registrar's No. 47

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

(d) Length of Stay: In Hospital or Institution none; In Community 9 yrs.; in Arizona 15 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. 3124 Loomis Ave.; (e) Citizen of foreign country (yes or No) yes
If Yes, which country Mexico

3. (a) FULL NAME Manuel S. Nava (b) If Veteran name was no (c) Social Security No.

4. Sex Male 5. Color or Race Latin 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 Dec 25 1909
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 8 If less than one day hrs. min.

9. Birthplace Santa Rosalia de Comaga Chihuahua Mex
(City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business Gas. Cop. Co

Father { 12. Name Juan Nava

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

Mother { 14. Maiden Name Guadalupe Sandoval

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

16. (a) Informant's own signature Jesus Gonzalez

(b) Address 3201 Loomis ave miami

17. (a) Burial, Cremation or Removal Burial

(b) Place Rinal Cem (c) Date July 6 1945

18. (a) Embalmer's Signature J. May Miles Jr

(b) Funeral Director Miles Mortuary

(c) Address Miami Ariz

19. (a) July 25 1945
(Date received local Registrar's Certificate)

(b) Medon S. Drayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 3, 1945;
TIME (Hour and minute) 7:50 P M.

21. I hereby certify that I attended the deceased on July 3, 1945
from , 19 to , 19 ;

that I last saw him alive on , 19 ;

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

Immediate cause of death Coronary Occlusion

Due to

Due to Natural Causes

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? (a) Means of injury

23. Signature John Carpenter CORONER M.D.

Address Miami Date signed 7-75-45

| DURATION | PHYSICIAN |
|----------------|---|
| <u>instant</u> | <u> </u> Underline the cause to which death should be charged statistically |