[redacted]

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 372
Registrar's No. 68

1. Place of Death: (a) County Navajo (b) City or Town Winslow (If outside city limits also write RURAL) (c) Location 421 E Oak. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 1 mo. 27 days ; in Arizona 1 mo. 27 days (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. 421 E. Oak. ; (e) Citizen of foreign country (yes or No) no. If Yes, which country

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

4. Sex F | 5. Color or Race White ~~Spanish~~ | 6. (a) Single, married, widowed or divorced

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

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

8. AGE: Years | Months 1 | Days 27 | If less than one day hrs. min.

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

10. Usual Occupation

11. Industry or Business

Father 12. Name Porfirio Sanchez
13. Birthplace Los Lunas (City, town or county) N. Mex (State or Country)

Mother 14. Maiden Name Flora Chavez
15. Birthplace Los Lunas (City, town or county) N. Mex (State or Country)

16. (a) Informant's own signature Porfirio Sanchez
(b) Address 421 E Oak St

17. (a) Burial, Cremation or Removal Burial
(b) Place Winslow (c) Date 7-16 1945

18. (a) Embalmer's Signature
(b) Funeral Director Fischer
(c) Address Winslow Ariz

19. (a) 7-16-45 (Date received local Registrar)
(b) Mrs Ed J Cahill (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July - 15, 1945;
TIME (Hour and minute) 10 P.M. M.

21. I hereby certify that I attended the deceased from May 19 - 45, 19, to July 17, 1945; that I last saw her alive on July 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death
Premature

Due to Premature birth at 7½ mo

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
27 days

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 G Wright M. D.
Address Winslow Ariz Date signed 7-16-45

20M 100% Rag 8-42 B. Co.

County File No. Date Received