

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 82

Registrar's No. 51

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 808 1/2 Pine Oak
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 3 wks; in Arizona 3 wks
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Mexico; (b) County Chihuahua; (c) City or Town Juan
(If outside city limits also write RURAL)
(d) Street No. ?

3. (a) FULL NAME Gregorio Moreno (b) If Veteran name war No (c) Citizen of foreign country (yes or No) Yes
If Yes, which country Mexico (c) Social Security No. _____

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Meluctas Bustamante 6. (c) Age of husband or wife, if alive 37 yrs.

7. Birthdate of deceased May 9 1904
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 22
If less than one day hrs. _____ min. _____

9. Birthplace Gomez Palacio Durango Mexico
(City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business _____

Father { 12. Name Isaac Moreno
13. Birthplace Durango Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Reynalda Moreno
15. Birthplace Toribio Coahuila Mex.
(City, town or county) (State or Country)

16. (a) Informant's own signature Meluctas Bustamante
(b) Address 808 1/2 Pine Oak Miami Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Rival Cem. (c) Date Sept 2 1945

18. (a) Embalmer's Signature J. M. Miles Jr
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz

19. (a) Sept 4 1945
(Date received local Registrar)

(b) Sheldon Brayton
(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) Sept 1, 1945;
TIME (Hour and minute) 2:30 a. M.

21. I hereby certify that I attended the deceased from Aug 28 to Sept 1, 1945
that I last saw him alive on Aug 31, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
(Status of Patient) 2 yrs

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? _____ (e) Means of injury _____

23. Signature Sheldon Brayton
Address Miami Date signed Sept 4 1945

DURATION _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically