2439

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 43

Registrar's No. 103

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

(d) Length of Stay: In Hospital or Institution 15 minuets; In Community 21 years (Specify whether years, months or days); In Arizona 21 years

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

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

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

4. Sex: female

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced: married

6. (b) Name of husband or wife: Jesus Corona

6. (c) Age of husband or wife, if alive: 53 yrs.

7. Birthdate of deceased: Aug. 30 (Month) 1897 (Day) (Year)

8. AGE: Years 48 | Months 4 | Days – | If less than one day hrs. min.

9. Birthplace: Hermosillo, Mexico (City, town or county) (State or Country)

10. Usual Occupation: at home

11. Industry or Business:

Father: 12. Name: Lazero Felix
13. Birthplace: Mexico (City, town or county) (State or Country)

Mother: 14. Maiden Name: Rosario S. Felix
15. Birthplace: Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature: Victor J. Corona
(b) Address: Lowell Ariz.

17. (a) Burial, Cremation or Removal: burial
(b) Place: Bisbee, Ariz. (c) Date: Dec. 3 45 19

18. (a) Embalmer's Signature: James Allison 267-A
(b) Funeral Director: James Allison 57-A
(c) Address: Bisbee, Arizona

19. (a) December 3rd 1945 (Date received Local Registrar)
(b) Margaret J. McCall (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 30, 1945;
TIME (Hour and minute) 2:30 PM M.

21. I hereby certify that I attended the deceased from Nov 30 1945 2:10 PM, 19, to 2:30 PM Nov 30 1945; that I last saw him alive on Nov 30 1945 2:10 PM; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Essential Hypertension

Due to:

Other conditions (Include pregnancy within three months of death):

Major findings: Of operations:

Of autopsy:

DURATION

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: Joseph Haba M. D.
Address: Bisbee Ariz. Date signed 12/4/45

40M—100% Rag—6-10-44