

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 174

Registrar's No. 67

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 1123 Alderman 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 25 yrs; In Arizona 25 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. 1123 Alderman St.; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Raquel Herrera Ortega (b) If Veteran name war. No (c) Social Security No. 527-09-7278

4. Sex Female 5. Race White Indian Negro Oriental Latin 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Ernest R. Ortega 6. (c) Age of husband or wife, if alive 46 yrs.
7. Birthdate of deceased April 28 1897
(Month) (Day) (Year)
8. AGE: Years 48 Months 6 Days 24 If less than one day hrs. min.
9. Birthplace Marfa Texas
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father { 12. Name Carlos Herrera
13. Birthplace Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Diega Ramos
15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Ernest R. Ortega
(b) Address Miami, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place And. Cem. (c) Date Nov 25 1945
18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz
19. (a) Nov 25 1945
(Date received Local Registrar)
(b) Frederic D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 22, 1945,
TIME (Hour and minute) 6:30 P. M.
21. I hereby certify that I attended the deceased from June, 1941 to Nov 22, 1945;
that I last saw her alive on Nov 21, 1945,
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of uterus
of metastases
Due to _____
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 Russell R. Moore M. D.
Address Miami - Ind. Hwy Date signed Nov 28/45
Miami Ariz