

2475

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 176
Registrar's No. 69

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Marion Hill
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 69 yrs In Arizona 69 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. Marion Hill; (e) Citizen of foreign country (Yes or No) No
If Yes, which country Mexico (c) Social Security No. none

3. (a) FULL NAME Macedonia Guerra Mairal (b) If Veteran name war. No (c) Social Security No. none

4. Sex Female 5. Race White Indian Negro Oriental Latin 6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Salvador Mairal 6. (c) Age of husband or wife, if alive dec. yrs.

7. Birthdate of deceased June 25 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 28 If less than one day hrs. min.

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

10. Usual Occupation Domestic

11. Industry or Business _____

12. Name Florencia Guerra

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

14. Maiden Name Macedonia ?

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

16. (a) Informant's own signature J. O. Mairal
(b) Address Superior Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Rinal Cem. (c) Date Nov. 28, 1945

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

19. (a) Nov 29 1945
(Date received Local Registrar)
(b) Alton D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 28, 1945;
TIME (Hour and minute) 10:00 A. M.

21. I hereby certify that I attended the deceased from Nov. 22-45, 1945 to Nov 23, 1945;
that I last saw him alive on Nov 23, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Broncho pneumonia
Influenza
Due to Senility

Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____

Of autopsy none

DURATION 2 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) no
(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 Layril M. Cron M. D.
Address Miami Ariz. Date signed 11-29-45