

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
 Registrar's No. 98
 1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 939 North East St.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
 (d) Length of Stay: In Hospital or Institution _____; In Community Life; In Arizona Life
 (Specify whether years, months or days)
 2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
 (d) Street No. 939 North East St. (If outside city limits also write RURAL)
 (e) Citizen of foreign country (Yes or No) _____
 If Yes, which country _____
 3. (a) FULL NAME Irene Madril (b) If Veteran name war No (c) Social Security No. No
 4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Single
 White Indian Negro Oriental 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
 7. Birthdate of deceased Sept. 17th 1944
 (Month) (Day) (Year)
 8. AGE: Years 1 Months 2 Days 20 If less than one day _____
 hrs. _____ min. _____
 9. Birthplace Globe, Arizona
 (City, town or county) (State or Country)
 10. Usual Occupation At Home
 11. Industry or Business _____
 Father { 12. Name Francisco M. Madril
 13. Birthplace Bisbee, Arizona
 (City, town or county) (State or Country)
 Mother { 14. Maiden Name Eva Velasco
 15. Birthplace Bisbee, Arizona
 (City, town or county) (State or Country)
 16. (a) Informant's own signature Francisco M. Madril
 (b) Address Globe, Arizona
 17. (a) Burial, Cremation or Removal Burial
 (b) Place Globe, Ariz. (c) Date 12/9/45
 18. (a) Embalmer's Signature Fred H. Jones
 (b) Funeral Director Fred H. Jones
 (c) Address Globe, Arizona
 19. (a) Dec 22 - 45
 (Date received Local Registrar)
 (b) Irene Travele
 (Registrar's Signature)
 20. DATE OF DEATH (Month, day and year) Dec. 7th 1945
 TIME (Hour and minute) 4:40 PM
 21. I hereby certify that I attended the deceased from Dec. 7, 1945 to Dec. 7, 1945
 that I last saw her alive on Dec. 7, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Broncho-pneumonia
 Due to _____
 Due to _____
 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 T. S. Harper
 Address Globe, Ariz. Date signed 12-20-45