105

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 89
Registrar's No. 101

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location Gila Gen. Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community Same (Specify whether years, months or days); In Arizona Life
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Winkleman (If outside city limits also write RURAL)
(d) Street No.; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Augustine Duran (b) If Veteran name war No (c) Social Security No. No

4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ....yrs.
7. Birthdate of deceased July (Month) 24 (Day) 1868 (Year)
8. AGE: Years 77 | Months 4 | Days 17 | If less than one day hrs. ....min....
9. Birthplace Tucson, Arizona (City, town or county) (State or Country)
10. Usual Occupation Farmer & Laborer- retired
11. Industry or Business
Father: 12. Name No record; 13. Birthplace No record (City, town or county) (State or Country)
Mother: 14. Maiden Name No record; 15. Birthplace No record (City, town or county) (State or Country)
16. (a) Informant's own signature Soc. Sec. records
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Winkleman, Ariz (c) Date 12/12/45
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) Dec. 21-45 (Date received Local Registrar)
(b) Irene Wallace (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 11th 1945;
TIME (Hour and minute) 11:00 PM M.
21. I hereby certify that I attended the deceased from Dec. 10-45, 19..., to ..., 19...;
that I last saw him alive on Dec-11-45, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia - Respiratory paralysis — DURATION 1 week
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 Lloyd M. Brown M. D.
Address Miami Ariz. Date signed 12-21-45

18 30M—100% Rag—5/21/43