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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 101  
Registrar's No. \_\_\_\_\_

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

1. Place of Death: (a) County GILA (b) City or Town WINKELMAN (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 30 YEARS; In Arizona 30 YEARS  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State ARIZONA; (b) County GILA; (c) City or Town HAYDEN  
(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 RUBEN LOPEZ PARRA (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. 526-12-7508

4. Sex MALE 5. Race  White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced MARRIED  
6. (b) Name of husband or wife ERUALLEN ESTRADA 6. (c) Age of husband or wife, if alive 25 yrs.  
7. Birthdate of deceased JANUARY 14 1915  
(Month) (Day) (Year)  
8. AGE: Years 30 Months 11 Days 10 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace HAYDEN ARIZONA  
(City, town or county) (State or Country)  
10. Usual Occupation REAGENT MAN  
11. Industry or Business COPPER CONCENTRATOR  
Father { 12. Name CRESPIN PARRA  
13. Birthplace CULIACAN MEXICO  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name FRANCISCA LOPEZ  
15. Birthplace ELGIN ILLINOIS  
(City, town or county) (State or Country)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) DECEMBER 24, 1945;  
TIME (Hour and minute) 12:30 P. M.  
21. I hereby certify that I attended the deceased from December 24, 1945 to December 24, 1945;  
that I last saw him alive on December 24, 1945 and that death occurred on the date and hour stated above  
Immediate cause of death skull fracture  
Due to Assault  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
DURATION 1 hour  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Eruallen Estrada  
(b) Address Hayden Ariz  
17. (a) Burial, Cremation or Removal BURIAL  
(b) Place WINKELMAN (c) Date DECEMBER 27, 1945  
18. (a) Embalmer's Signature J.P. Hutton  
(b) Funeral Director J.P. Hutton  
(c) Address WINKELMAN ARIZONA  
19. (a) December 31 - 1945 (Date received Local Registrar)  
(b) J.P. Hutton (Registrar's Signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) ACCIDENT  
(b) Date of occurrence December 24, 1945  
(c) Where did injury occur? NEAR WINKELMAN GILA ARIZONA  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON WINKELMAN-GLOBE ROAD  
(Specify type of place)  
While at work? No (e) Means of injury AUTOMOBILE ACCIDENT  
23. Signature Charles P. Hutton M. D.  
Address Hayden Ariz Date signed 12/26/45