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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 105  
Registrar's No. 108

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila Gen. Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 day : In Community 35 years : In Arizona 35 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona : (b) County Gila : (c) City or Town Globe  
(If outside city limits also write RURAL)  
(d) Street No. Berwatti St. : (e) Citizen of foreign country (Yes or No) Yes  
If Yes, which country Mexico  
3. (a) FULL NAME Miguel ("Mike") Magdaleno (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married  
White  Indian  Negro   
Oriental  White  
6. (b) Name of husband Theresa Magdaleno wife, if alive yes yrs.  
6. (c) Age of husband

7. Birthdate of deceased (Month) (Day) (Year)  
8. AGE: Years 49 Months Days If less than one day  
hrs. min.

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

10. Usual Occupation Miner

11. Industry or Business

Father { 12. Name Panfilo Magdaleno  
13. Birthplace Mexico  
(City, town or county) (State or Country)

Mother { 14. Maiden Name (?) Noriega  
15. Birthplace Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Ernest Alire  
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Ariz. Date 10/1/46

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) Dec. 29 1945  
(Date received Local Registrar)

(b) Drew Wanchell  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 27th 1945  
TIME (Hour and minute) 4:05 AM M.

21. I hereby certify that I attended the deceased from Dec 25  
1945 to Dec 27 1945  
that I last saw him alive on Dec 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza

Due to Pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION

5 days

weak recovery

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 Thomas D. Grayson M. D.

Address Miami, Ariz. Date signed Dec 29 1945