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B. L. Stewart 675

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.
Registrar's No. 86

1. Place of Death: (a) County Pinal (b) City or Town Florence (If outside city limits also write RURAL) (c) Location Residence (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution —; In Community 75 years; In Arizona 75 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Florence (If outside city limits also write RURAL)

(d) Street No.; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Benedict Carminati (b) If Veteran name war no (c) Social Security No. None

4. Sex: Male

5. Race: White ☑ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of ~~husband~~ or wife: Mrs Angela

6. (c) Age of husband or wife, if alive yrs.: Deceased

7. Birthdate of deceased Oct. 17, 1856 (Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 19 If less than one day hrs. min.

9. Birthplace — (City, town or county) Italy (State or Country)

10. Usual Occupation Retired Farmer

11. Industry or Business

Father
12. Name no Record
13. Birthplace " " (City, town or county) (State or Country)

Mother
14. Maiden Name No Record
15. Birthplace " " (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Anita Perham
(b) Address Florence, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Florence (c) Date Dec. 8, 1945

18. (a) Embalmer's Signature Garfield E. Jones
(b) Funeral Director Cole - Maud Mortuary
(c) Address ~~[illegible]~~ Florence, Arizona

19. (a) Dec 8 1945 (Date received Local Registrar)
(b) D O Martin Jr (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 6, 1945;
TIME (Hour and minute) 12:05 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 45 to Dec 6, 1945; that I last saw him alive on Dec 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar rt.

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION

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 B K Stewart M. D.
Address Florence Date signed 12/9/45

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