

849

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 76

Registrar's No. 5

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 1/2 mo.; In Community 1921-24 yrs. In Arizona 24 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz. (b) County Gila (c) City or Town Claypool
(If outside city limits also write RURAL)

(d) Street No. 47 Pine St. (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (f) Social Security No. none

3. (a) FULL NAME Ester S. Padilla

(b) If Veteran name war _____

4. Sex Female 5. Race White Indian Negro Oriental Latin
6. (a) Single, married, widowed or divorced Married
(b) Name of husband or wife H. Padilla 6. (c) Age of husband or wife, if alive 47 yrs.

7. Birthdate of deceased July 23 1900
8. AGE: Years 45 Months 5 Days 23
If less than one day hrs. _____ min. _____

9. Birthplace El Paso Texas
(City, town or county) (State or Country)

10. Usual Occupation Domestic

11. Industry or Business _____
12. Name Bruno Soto
13. Birthplace Spain
(City, town or county) (State or Country)

14. Maiden Name Alema Sotera
15. Birthplace Jacatlan Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature E. S. Padilla
(b) Address Claypool Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem. (c) Date Jan. 20 1946

18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami, Arizona

19. (a) January 17 1946
(Date received Local Registrar)
(b) Lucas A. Royster
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 16 1946
TIME (Hour and minute) 2:00 A.M.
21. I hereby certify that I attended the deceased from Jan. 1-44
to Jan. 16-46, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatous
Due to Carcinoma of breast
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 6 months
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 P. Harris M. D.
Address Miami Date signed 1-26-46