

9540

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 93
Registrar's No. 17

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location E 2 Glavis Can
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 8 mo; In Arizona 8 mo
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. E 2 Glavis Can (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. none
3. (a) FULL NAME Frankie Medrano (b) If Veteran name war 117 (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Infant
6. (c) Age of husband or wife, if alive. Yrs.
7. Birthdate of deceased June 15 1945
(Month) (Day) (Year)
8. AGE: Years 0 Months 8 Days 1 hrs. --- min. ---
If less than one day
9. Birthplace Miami Ariz
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____
Father { 12. Name Rebriano Medrano
13. Birthplace Bacaticas Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Maria Ybana
15. Birthplace Bacaticas Mex.
(City, town or county) (State or Country)

16. (a) Informant's own signature Rebriano Medrano
(b) Address Miami Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Final Can. (c) Date Feb 18 1946
18. (a) Embalmer's Signature J. Ray Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz

19. (a) February 26 1946
(Date received Local Registrar)
(b) Nelson D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 16 1946
TIME (Hour and minute) 11:30 A.M.
21. I hereby certify that I attended the deceased from 2-12-46
2-13-46 1946 to 2-16-46 1946
that I last saw him alive on 2-15-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (over)
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION 6 days
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 W. B. Burgess M. D. Date signed 2-16-46
Address Miami Ariz