

2100

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

37

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

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

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 40 Years; In Arizona 83 Years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Winkelman  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (c) Social Security No. None  
3. (a) FULL NAME Santiago R. Rivera (b) If Veteran name war No

4. Sex M 5. Race White 6. (a) Single, married, widowed or divorced Widower  
White  Indian  Negro  Oriental  White  
6. (b) Name of husband or wife Margarita Rivera 6. (c) Age of husband or wife, if alive: \_\_\_\_\_ yrs.  
7. Birthdate of deceased 1863  
(Month) (Day) (Year)  
8. AGE: Years 83 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day: hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Florence, Pinel, Ariz (Rural)  
(City, town or county) (State or Country)  
10. Usual Occupation Retired  
11. Industry or Business Rancher  
Father { 12. Name Unknown  
13. Birthplace Mexico  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Unknown  
15. Birthplace Mexico  
(City, town or county) (State or Country)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 18, 19 46  
TIME (Hour and minute) 2/45 A. M.  
21. I hereby certify that I attended the deceased from Dec, 19 45 to March 18, 19 46,  
that I last saw him alive on March 16, 19 46,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Auricular Fibrillation  
Due to \_\_\_\_\_  
Due to I, Chronic Nephritis  
Other conditions 2, Hypertension  
(Include pregnancy within three months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically  
10 Yrs  
Unknown

16. (a) Informant's own signature Magdalena R. Borel  
(b) Address Winkelman, Ariz.  
17. (a) Burial, Cremation or Removal Buried  
(b) Place Winkelman Date 3/21/46 19 46  
18. (a) Embalmer's Signature P. L. Sutton  
(b) Funeral Director P. L. Sutton  
(c) Address Winkelman Ariz  
19. (a) March 19 - 46  
(Date received Local Registrar)  
(b) P. L. Sutton  
(Registrar's Signature)

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 John C. Warm M. D.  
Address Hayden, Ariz. Date signed March 18, 1946