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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. 26

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location # 2 Grover
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 27 yrs.; In Arizona 27 yrs.
(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. # 2 Grover (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (f) Social Security No. 526-05-6971

3. (a) FULL NAME Daniel E. Prieto (b) If Veteran name war. no

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Petra Sanchez 6. (c) Age of husband or wife, if alive 63 yrs.

7. Birthdate of deceased Jan. 20 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 7 hrs. _____ min. _____
If less than one day

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

10. Usual Occupation Smelterman

11. Industry or Business _____

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

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

16. (a) Informant's own signature Sarah Prieto
(b) Address Box 65, Claypool, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Paradise (c) Date Mar. 30 1946

18. (a) Embalmer's Signature J. Dey Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) April 11 1946
(b) Lucas A. Bracy
(Date received Local Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 27, 1946
TIME (Hour and minute) 7:30 A.M.

21. I hereby certify that I attended the deceased from Dec
1945 to Mar 27, 1946;
that I last saw him alive on Mar 26, 1946;

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cardio-renal disease

Due to _____

Due to _____

Other conditions (include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

1 yr

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. H. Kline M. D. Date signed 4/19/46
Address Miami Ariz.