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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 262
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location 314 East Aviation (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None (Specify whether years, months or days); In Community 48 Yrs; In Arizona 48 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson (If outside city limits also write RURAL)
(d) Street No. 314 East Aviation; (e) Citizen of foreign country (Yes or No) yes
If Yes, which country Mexico

3. (a) FULL NAME Gertrude Castano (b) If Veteran name war — (c) Social Security No. —

4. Sex F
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Rafael
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased October (Month) 14 (Day) 1870 (Year)
8. AGE: Years 75 Months 4 Days 29 If less than one day hrs. ___ min. ___
9. Birthplace Sirro Blanco (City, town or county) Sonora, Mexico (State or Country)
10. Usual Occupation at home
11. Industry or Business
Father 12. Name Rafael Soto
13. Birthplace Mexico (City, town or county) (State or Country)
Mother 14. Maiden Name Unknown
15. Birthplace -- (City, town or county) (State or Country)
16. (a) Informant's own signature Albert Castano
(b) Address 314 E Aviation St Tucson
17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope Ce (c) Date 3-14- 46
18. (a) Embalmer's Signature Cecil R. Green
(b) Funeral Director Tucson Mortuary
(c) Address Tucson, Arizona
19. (a) 3-14-46 (Date received Local Registrar)
(b) L. [illegible] Howard [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-12-46, 19__;
TIME (Hour and minute) 9:45 p. M.
21. I hereby certify that I attended the deceased from about Dec. 1, 1946 to 3/12, 1946;
that I last saw her alive on 3/12, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure
Due to Coronary occlusion
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
Immediate
unknown

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 [illegible] M. D.
Address 612 N. 4th Ave Tucson Date signed 3/13/46

40M—100% Rag—6-10-44