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ARIZONA STATE DEPARTMENT OF HEALTH

29

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 54

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 16 days; In Community 43 years; In Arizona 46 years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. 878 Green St; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Domenick Morris Puzzi (b) If Veteran name war No (c) Social Security No. None

4. Sex Male
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased Jan. (Month) 15 (Day) 1874 (Year)
8. AGE: Years 72 Months 2 Days 21 If less than one day hrs. ..... min. .....
9. Birthplace Bairo Conievese (City, town or county) Italy (State or Country)
10. Usual Occupation Retired
11. Industry or Business
Father 12. Name Peter Puzzi
Father 13. Birthplace Unknown (City, town or county) Italy (State or Country)
Mother 14. Maiden Name Unknown
Mother 15. Birthplace - (City, town or county) - (State or Country)
16. (a) Informant's own signature Peter Puzzi
(b) Address El Paso Texas
17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 4-9-46 19
18. (a) Embalmer's Signature Gordon Brown
(b) Funeral Director Brown-Page
(c) Address Douglas, Ariz.
19. (a) April 10 - 1946 (Date received Local Registrar)
(b) Cecil Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4-6-46, 19 ;
TIME (Hour and minute) 9:55 AM M.
21. I hereby certify that I attended the deceased from 3/10, 1946 to 4/6, 1946
that I last saw him alive on 4/6, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Pernicious Pneumonia
Due to Cardiac Asthma
Due to Chronic Cardiac Disease
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
5 days
3 months
7

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 [signature] M. D.
Address Douglas Ariz. Date signed 4/8/46

40M—100% Rag—6-10-44