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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. 93
Registrar's No. _____

1. Place of Death: (a) County Gila (b) City or Town Winkelman (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 3 years; In Arizona 32 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Yes Rural
(If outside city limits also write RURAL)
(d) Street No. Rural 5 1/2 miles east of Winkelman; (e) Citizen of foreign country (Yes or No) Yes
If Yes, which country Mexico (c) Social Security No. None
3. (a) FULL NAME Angel Morales (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 Not known 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Not known
(Month) (Day) (Year)
8. AGE: Years 65 Months _____ Days _____ if less than one day
hrs _____ min _____
9. Birthplace Mexico
(City, town or county) (State or Country)
10. Usual Occupation Sheep Herder
11. Industry or Business _____
Father { 12. Name Abram Morales
13. Birthplace Mexico
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unkonown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature P.P. Hutton
(b) Address 497 Winkelman Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman (c) Date April 29 1946
18. (a) Embalmer's Signature P.P. Hutton
(b) Funeral Director P.P. Hutton
(c) Address Winkelman Ariz
19. (a) April 29 1946
(Date received Local Registrar)
(b) P.P. Hutton
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) April 28, 1946
TIME (Hour and minute) About 4:30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on Aug 17, 1945, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Silicosis
Due to _____
Due to _____
Other conditions Chronic Myocarditis
(Include pregnancy within three months of death)
Major findings:
Of operations _____
Of autopsy _____
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 Charles W. Hutton M.D.
Address Winkelman Ariz Date signed 4-29-46

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically