

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. 61

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 days; In Community 6 da; In Arizona 6 da
(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. 1122 Pine Oak (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Rose Marie Ortiz (b) If Veteran name war No (c) Social Security No. ---

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

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

7. Birthdate of deceased Sept 17 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 6 If less than one day hrs. --- min. ---

9. Birthplace Miami Ariz.
(City, town or county) (State or Country)

10. Usual Occupation ---

11. Industry or Business ---

12. Name John L. Ortiz

13. Birthplace West Grant Ariz.
(City, town or county) (State or Country)

14. Maiden Name Andrea Navarette

15. Birthplace ---
(City, town or county) (State or Country)

16. (a) Informant's own signature John L. Ortiz
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Funeral Home (c) Date Sept 23 1946

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

19. (a) Sept 30 1946
(Date received Local Registrar)
(b) Nelson D. Grayton
(Registrar's Signature) P.B.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 22 1946
TIME (Hour and minute) 11:00 P.M.

21. I hereby certify that I attended the deceased from Sept 17-1946
to Sept 22 1946
that I last saw her alive on Sept 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to ---

Due to ---

Other conditions (Include pregnancy within three months of death)
Major findings: Septicemia
Of operations ---

Of autopsy ---

DURATION
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. Waddy M. D.
Address Miami Ariz. Date signed 9-24-46