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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. 83
Registrar's No. 63

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 78 Red Springs
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 15 yrs.; In Arizona 15 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. 78 Red Springs Can; (e) Citizen of foreign country (Yes or No) No
If Yes, which country Mexico (c) Social Security No. 026-05-7002

3. (a) FULL NAME Mariano Morales (b) If Veteran name was no

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

6. (b) Name of husband or wife Luz Morales 6. (c) Age of husband or wife, if alive 42 yrs.

7. Birthdate of deceased May 31 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 7 If less than one day hrs. min.

9. Birthplace Santa Eulalia Chih. Mex
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business

Father 12. Name Pedro Morales

13. Birthplace Santa Eulalia Mex
(City, town or county) (State or Country)

Mother 14. Maiden Name Ramona Donado

15. Birthplace Santa Eulalia Mex
(City, town or county) (State or Country)

16. (a) Informant's own signature Luz Morales

(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Final Cem. (c) Date Oct. 11 1946

18. (a) Embalmer's Signature J. W. Miles Jr.

(b) Funeral Director J. W. Miles Jr.

(c) Address Miami Ariz.

19. (a) 10/14/46
(Date received Local Registrar)

(b) Nelson D. Brighton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 8, 1946
TIME (Hour and minute) 12:30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Did not attend deceased viewed his body after death
Due to death

Other conditions (Include pregnancy within three months of death)
Due to _____

Major findings:
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. B. Burgess M. D.
Address Miami Ariz. Date signed Oct. 8-1946