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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. 66

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 before coming; In Community 5 yrs.; In Arizona 1937 7 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. 907 1/2 Sullivan; (e) Citizen of foreign country (Yes or No) No  
3. (a) FULL NAME Gilbert Castillo Moreno (b) If Veteran name war World War II (c) Social Security No. 526-17-2278

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband Manuela Arguilo 6. (c) Age of husband or wife, if alive 21 yrs.  
7. Birthdate of deceased Oct. 27 1921  
(Month) (Day) (Year)  
8. AGE: Years 25 Months 11 Days 25 If less than one day hrs. min.  
9. Birthplace Silver City New Mex.  
(City, town or county) (State or Country)  
10. Usual Occupation Motor man  
11. Industry or Business Imp. Con. Cop. Co.  
Father { 12. Name Miguel Moreno  
13. Birthplace Las Alamos N. Mex.  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Elija Castillo  
15. Birthplace Duncan Ariz.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Fernando Romero  
(b) Address Miami Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Good Cem. (c) Date Oct. 26 1946  
18. (a) Embalmer's Signature J. May Miles Jr.  
(b) Funeral Director M. L. Montalvo  
(c) Address Miami Ariz.  
19. (a) Oct 25 1946  
(Date received Local Registrar)  
(b) Robert S. Bracy  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 22, 1946;  
TIME (Hour and minute) 11:00 A. M.  
21. I hereby certify that I attended the deceased from 10-22-46 to 10-22-46;  
that I last saw him alive on 10-22-46;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Internal hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
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) Accident  
(b) Date of occurrence 10-22-46  
(c) Where did injury occur? Miami Gila Ariz.  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial  
(Specify type of place)  
While at work? Yes (e) Means of injury Crushed  
23. Signature Robert S. Bracy M. D.  
Address Miami Date signed 10-23-46