

1945

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 80
Registrar's No. 100

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 17 days; In Community 58 yrs; In Arizona 58 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 141 Quig Johnson; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Devero Oliver (b) If Veteran name war None (c) Social Security No. None

4. Sex Male 5. Race Mex
White Indian Negro Oriental

6. (a) Single, married, widowed or divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive... yrs.

7. Birthdate of deceased Feb 1 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 0 If less than one day
hrs. min.

9. Birthplace unknown Mexico
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business

Father { 12. Name Francisco Oliver
13. Birthplace unknown Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Telipa Robledo
15. Birthplace unknown Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Telipa C. Robledo
(b) Address Globe Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date 12/6/46

18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director J. May Miles Jr.
(c) Address Globe, Arizona

19. (a) Dec. 6 - 46
(Date received Local Registrar)
(b) Doree Tranchesi
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 1 1946
TIME (Hour and minute) 11:40 A.M.

21. I hereby certify that I attended the deceased from Nov 5
1946 to Dec. 1, 1946
that I last saw him alive on Dec. 1, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death
Senility

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)

(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 Walter M. O'Brien M. D.
Address Globe Ariz Date signed 12.5.46