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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. _____

Registrar's No. 15

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 1010 N. Broad St
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 28 years; In Arizona 47 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)

(d) Street No. 1010 N. Broad St; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (f) Social Security No. None

3. (a) FULL NAME Cesare Morello (b) If Veteran name war No

MEDICAL CERTIFICATION

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Widowed

(b) Name of husband Barney Morello (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Sept 8 - 1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 12 hrs. _____ min. _____

9. Birthplace Protigliano Italy (City, town or county) (State or Country)

10. Usual Occupation Homemaker

11. Industry or Business _____

12. Name Pete Polendo

13. Birthplace Protigliano Italy (City, town or county) (State or Country)

14. Maiden Name Victoria (unknown)

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

16. (a) Informant's own signature Barney Morello

(b) Address Globe Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe (c) Date 2-23 1947

(a) Embalmer's Signature J. NEY MILES JR

(b) Funeral Director J. NEY MILES JR

(c) Address Globe Arizona

19. (a) Feb 25 - 47 (Date received Local Registrar)

(b) Jesse Morello (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Feb 20, 1947,
TIME (Hour and minute) 8:30 P. M.

21. I hereby certify that I attended the deceased from
Jan 1, 1947 to Feb 20, 1947
that I last saw her alive on Feb 19, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
Wrennia due to chronic nephritis & arterio-sclerotic heart disease

Due to _____

Due to _____

Other conditions (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 T.C. Harper M. D.
Address Globe, Ariz Date signed 2-24-47

DURATION
about 1 year

PHYSICIAN
Underline the cause to which death should be charged statistically