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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. 88

Registrar's No. 53

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

(d) Length of Stay: In Hospital or Institution none; In Community 4 yrs.; In Arizona 25 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. Central Heights; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Winnifred May Ocasio (b) If Veteran name war no (c) Social Security No. none

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

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

7. Birthdate of deceased Oct 17 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Philadelphia Penna
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

Father { 12. Name Unknown
13. Birthplace "
(City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown
15. Birthplace "
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. A. M. Watkins
(b) Address R.# 1, Box 99, Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Meany Ariz. (c) Date July 1, 1947

18. (a) Embalmer's Signature J. J. [Signature]
(b) Funeral Director J. J. [Signature]
(c) Address Meany Ariz.

19. (a) July 2 - 47
(Date received Local Registrar)

(b) Judith Waverly
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 29, 1947
TIME (Hour and minute) 3:45 a.m.

21. I hereby certify that I attended the deceased from Jan
1945 to June 29, 1947
that I last saw her alive on June 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma lungs

Due to metastases from C.A. Breast

Due to _____

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION

4 yrs

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? no (or) Means of injury _____

23. Signature [Signature] M. D.
Address Globe Ariz Date signed July 2 1947