

1811

71

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. 78

1. Place of Death: (a) County Gila (b) City or Town Miami Rural (c) Location Indian Camp
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community _____; In Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Miami Rural
(If outside city limits also write RURAL)
(d) Street No. Indian Camp; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. none
3. (a) FULL NAME Baby Pina (b) If Veteran name war _____ (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Aug 11 1947
(Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 1 If less than one day hrs. _____ min. _____
9. Birthplace Miami Ariz
(City, town or county) (State or Country)
10. Usual Occupation _____
11. Industry or Business _____
Father { 12. Name Rose Pina
13. Birthplace Cibola Ariz
(City, town or county) (State or Country)
Mother { 14. Maiden Name Christina Lewis
15. Birthplace San Carlos Ariz
(City, town or county) (State or Country)
16. (a) Informant's own signature Rose Pina
(b) Address Miami Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal Cem (c) Date Aug 19 1947
18. (a) Embalmer's Signature J. H. ...
(b) Funeral Director J. H. ...
(c) Address ...
19. (a) Aug 14 1947 (Date received Local Registrar)
(b) Leon D. Brayton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 12 1947
TIME (Hour and minute) 2:30 P.M.
21. I hereby certify that I attended the deceased after
death on Aug 11 1947 that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Due to Natural causes (unknown)
Due to Case investigated by coroner
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 Nelson D. Brayton M. D.
Address Miami Ariz Date signed Aug 13 1947

DURATION _____
PHYSICIAN Underline the cause to which death should be charged statistically