

2356

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 86
Registrar's No. 68

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hosp
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 days; In Community 21 yrs.; In Arizona 58 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State ARIZONA; (b) County GILA (c) City or Town MIAMI
(If outside city limits also write RURAL)
(d) Street No. 505 GIBSON STREET; (e) Citizen of foreign country (Yes or No) YES
If Yes, which country MEXICO (f) Social Security No. 524-22-7548

3. (a) FULL NAME Manuel Comanche Mesa (b) If Veteran name war NONE (c) Social Security No. 524-22-7548

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

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife, if alive X yrs.

7. Birthdate of deceased UNKNOWN 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months X Days X hrs. A min. A

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

10. Usual Occupation TANITOR

11. Industry or Business LABORER

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 12, 1947;
TIME (Hour and minute) 2:30 A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1947 to Sept 10, 1947
that I last saw him alive on Sept 9, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage
Due to Cancer of lung - primary
Due to _____

Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION	
<u>2 hrs</u>	_____
<u>2 yrs</u>	_____
_____	_____
_____	_____

PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature T. J. Palma
(b) Address Liv oak Canyon Miami

17. (a) Burial, Cremation or Removal State Burial
(b) Place Globe Cemetery (c) Date Sept 15, 1947

18. (a) Embalmer's Signature Frank A. Neely
(b) Funeral Director Frank A. Neely
(c) Address 328 S. HILL ST. - GLOBE, ARIZ

19. (a) Sept. 10 - 47
(Date received Local Registrar)
(b) Doree Waualee
(Registrar's Signature)

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? Yes (or) Means of injury _____

23. Signature Walter M. D. Jr M. D. 47
Address Globe Date signed Sept. 10. 47