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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. 3

1. Place of Death: (a) County Yuma (b) City or Town Hayden (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____, In Community 34 years In Arizona 34 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma (c) City or Town Hayden
(If outside city limits also write RURAL)
(d) Street No. _____
(e) Citizen of foreign country (Yes or No) Yes
If Yes, which country Mexico (c) Social Security No. _____
3. (a) FULL NAME Leocadio Rio (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married
7. Birthdate of deceased Feb 14 1862
(Month) (Day) (Year)
8. AGE: Years 85 Months 10 Days 3 hrs. _____ min. _____
9. Birthplace Romita Guanajuato Mexico
(City, town or county) (State or Country)
10. Usual Occupation Retired
11. Industry or Business _____
12. Name Victorio Rio
13. Birthplace Romita Guanajuato Mexico
(City, town or county) (State or Country)
14. Maiden Name Orivia Gonzales
15. Birthplace Romita Guanajuato Mex
(City, town or county) (State or Country)

16. (a) Informant's own signature Francisca Gallego
(b) Address Hayden Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Winkelman Ariz (c) Date 12-19-1947
18. (a) Embalmer's Signature P. J. Hutton
(b) Funeral Director P. J. Hutton
(c) Address Winkelman Ariz
19. (a) Dec. 17, 1947
(Date received Local Registrar)
(b) N. D. Jach
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 12-17- 1947
TIME (Hour and minute) Nine o'clock P. M.
21. I hereby certify that I attended the deceased from December
12th 1947 to December 17, 1947
that I last saw him alive on December 16, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
DURATION 5 days
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 Charles St. Huestis M. D.
Address Hayden Ariz Date signed 12-17-47