

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **398**
Registrar's No. **239**

1. Place of Death: (a) County **Maricopa** (b) City or Town **Phoenix** (c) Location **Maricopa Co. Hospital**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution **8 Hours**; In Community **4 Yrs.**; In Arizona **20 Yrs.**
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State **Arizona**; (b) County **Maricopa**; (c) City or Town **Phoenix**
(If outside city limits also write RURAL)
(d) Street No. **946 W. Sonora St.**; (e) Citizen of foreign country (Yes or No) **?**
3. (a) FULL NAME **Geracimo Huerta** (b) If veteran name war **No** (c) Social Security No. **?**
Yes.

4. Sex **Male** 5. Race White Indian Negro Oriental **Mexican** 6. (a) Single, married, widowed or divorced **married**
6. (b) Name of husband or wife **?** 6. (c) Age of husband or wife, if alive **?** yrs.
7. Birthdate of deceased **March 5 1902**
(Month) (Day) (Year)
8. AGE: Years **45** Months **10** Days **19** hrs. min.
9. Birthplace **?** **Mexico**
(City, town or county) (State or Country)
10. Usual Occupation **Mine worker, Ray, Arizona.**
11. Industry or Business **Miner**
Father { 12. Name **Broselio Huerta**
13. Birthplace **Mexico**
(City, town or county) (State or Country)
Mother { 14. Maiden Name **Maria Pedroza**
15. Birthplace **Mexico**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Jose Huerta & Co Records.**
(b) Address _____
17. (a) Burial, Cremation or Removal **burial**
(b) Place **St. Francis** (c) Date **1-29-48** 19.
18. (a) Embalmer's Signature **Leo Hussbaum**
(b) Funeral Director **W. L. Murphy**
(c) Address **Whitney Funeral Home.**

19. (a) **JAN 30 1948**
(Date received local Registrar)
(b) **Mrs Cort S. Hughes**
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **January 24**, 19 **48**.
TIME (Hour and minute) **12:00 P. M.** M.
21. I hereby certify that I attended the deceased from **January 24**, 19 **48** to **January 24**, 19 **48**.
that I last saw him alive on **January 24**, 19 **48**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary He.**
Due to _____
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION

7
1

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? _____ (a) Means of injury _____
23. Signature **Charles Kalit** M. D.
Address **Phoenix, Arizona** Date signed **1-26-48**