

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

838

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 3 weeks; In Community 68 yrs; In Arizona 68 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 320 S. 2nd (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Felice Maldonado (b) If Veteran name war none (c) Social Security No. none

4. Sex Female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife Manuel Maldonado 6. (c) Age of husband or wife, if alive X yrs.
7. Birthdate of deceased July 10, 1867
(Month) (Day) (Year)
8. AGE: Years 80 Months 7 Days 7 If less than one day hrs. ** min. **
9. Birthplace Savoya, New Mexico
(City, town or county) (State or Country)
10. Usual Occupation housewife
11. Industry or Business housewife
Father: { 12. Name Andrus Moreno
13. Birthplace unknown
(City, town or county) (State or Country)
Mother: { 14. Maiden Name Delfina Mason
15. Birthplace unknown Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Adela M. Sawyer Daughter
(b) Address 614 20 - 3rd St Globe
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery Date 2/21/48
18. (a) Embalmer's Signature Frank Healy
(b) Funeral Director Frank Healy
(c) Address 328 S. H 11 St., Globe, Ariz
19. (a) Feb. 19-48
(Date received Local Registrar)
(b) Frank Healy
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Feb. 17, 1948;
TIME (Hour and minute) 10:55 PM. M.
21. I hereby certify that I attended the deceased from 2-15, 1948 to 2-17, 1948,
that I last saw her alive on 2-17, 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death hypostatic pneumonia
Due to sepsis
Due to arteriosclerosis
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations:
PHYSICIAN
Underline the cause to which death should be charged statistically
DURATION
2 days
5 years
15 years

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 Robert B. Bonard M. D.
Address Globe, Ariz Date signed 2-19-48