[redacted]

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 845
Registrar's No. 12

1. Place of Death: (a) County Graham (b) City or Town Safford, (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 38 (Specify whether years, months or days); in Arizona 40

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Graham ; (c) City or Town Safford (If outside city limits also write RURAL)

(d) Street No. (e) Citizen of foreign country (yes or No) (If Yes) which country

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3. (a) FULL NAME Amelia Carrillo (b) If Veteran name war (c) Social Security No.

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased December 6, 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	2	10	hrs. min.

9. Birthplace Clifton Greenlee, Arizona. (City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business Home Domestic

Father
12. Name Andrés Varela
13. Birthplace Socorro NEW, Mexico (City, town or county) (State or Country)

Mother
14. Maiden Name Concepcion Madrid
15. Birthplace Las Cruses New Mexico. (City, town or county) (State or Country)

16. (a) Informant's own signature A. M. Varela
(b) Address Clifton, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place San Jose (c) Date 2-18- 19 48

18. (a) Embalmer's Signature A. C. Rawson
(b) Funeral Director
(c) Address Safford, Arizona.

19. (a) March 9, 1948 (Date received local Registrar)
Deputy J. M. Stratton M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 16, 19 48;
TIME (Hour and minute) About 8:30 P. M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw her ~~xxxx~~ DEAD February 16, 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death Bullet ~~xxxxxxxx~~ wounds entered left breast about midway between breast bone and nipple. ranged down and came out right side of back bone. Bullet entered half way between right ear and chin, exit at mid chin breaking jaw bone.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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) Homicide
(b) Date of occurrence February 16, 1948
(c) Where did injury occur? Safford (City or Town) Graham (County) Arizona. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. (Specify type of place)
While at work? (e) Means of injury Gun Shot Wounds.

23. Signature J. M. Stratton M.D. M. D.
Address Safford Date signed 2/25/48

County File No. Date Received

20M 100% Rev 6-42 P. Co.