

2308

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. **2069**

Registrar's No. **42**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **G. C. Hosp.**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution **8 mo**; In Community _____; In Arizona _____
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State **Ariz.**; (b) County **Graham**; (c) City or Town **Globe - Central Heights**
(If outside city limits also write RURAL)

(d) Street No. **Central Heights** (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME **Felix Morales** (b) If veteran name war _____ (c) Social Security No. **527-05-2829**

4. Sex **Male** 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced **Widowed**

6. (b) Name of husband or wife **Josefa Morales** 6. (c) Age of husband or wife, if alive **deyts.**

7. Birthdate of deceased (Month) (Day) (Year)
about 60 Months Days If less than one day hrs. min.

8. AGE: Years Months Days If less than one day

9. Birthplace **Durango Mexico**
(City, town or county) (State or Country)

10. Usual Occupation **Laborer**

11. Industry or Business _____

Father 12. Name **Unknown**

13. Birthplace _____
(City, town or county) (State or Country)

Mother 14. Maiden Name **Unknown**

15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature **A. Avila**

(b) Address **Miami Ariz.**

17. (a) Burial, Cremation or Removal **Burial**

(b) Place **Miami Ariz.** (c) Date **Mar 23, 1948**

18. (a) Embalmer's Signature _____

(b) Funeral Director _____

(c) Address _____

19. (a) **Mar. 23 - 48**
(Date received Local Registrar)

(b) **Drewe Krause**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **March 23, 1948**
TIME (Hour and minute) **7:00 P.M.**

21. I hereby certify that I attended the deceased from **1-1-48**
_____, 19____ to **3-23**, 19____
that I last saw him alive on **3-23**, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death - **heart failure**

Due to - **Rheumatic mitral insufficiency - life**

Due to - **old Rheumatic Fever - life**

Other conditions - **Severe ichthyosis general 15 years**
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION
1 year

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 **Robert B. Leonard** M. D.

Address **Globe** Date signed **3-23-48**