

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

2621 ✓

State File No. \_\_\_\_\_

Registrar's No. 47

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 122 1/2 Ruiz Canyon  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community Life; In Arizona Life  
(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. 122 1/2 Ruiz Canyon (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country \_\_\_\_\_ (c) Social Security No. None

3. (a) FULL NAME Emmett William Rivera (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Race Mexican 6. (a) Single, married, widowed or divorced Single  
White  Indian  Negro  Oriental  Mexican  6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased March 12, 1947  
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 28 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

12. Name Manuel P. Rivera  
13. Birthplace Fierro, New Mexico  
(City, town or county) (State or Country)

14. Maiden Name Lilliam Russell  
15. Birthplace Globe, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Manuel P. Rivera  
(b) Address 122 1/2 Ruiz Canyon, Globe, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cemetery Date 5/14/1948

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director [Signature]  
(c) Address 328 So. Hill St. Globe, Arizona

19. (a) May 17-48 (Date received Local Registrar)  
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 10, 1948  
TIME (Hour and minute) 12:10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him in after death 5-10, 1948

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

Immediate cause of death Broncho-pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within three months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Broncho-pneumonia

DURATION

1 Day

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 [Signature] M. D. [Signature]  
Address [Address] Date signed May 17-1948