

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. **3780**

Registrar's No. **38**

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hoops
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 da; In Community 2 da; In Arizona 2 da
(Specify whether years, months or days)

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

(d) Street No. 356 East Apts. Box 611; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Anthony Melonzo (b) If veteran name var 1601 (c) Social Security No. ---

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

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

7. Birthdate of deceased June 9 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day
hrs. _____ min. _____

9. Birthplace Miami Ariz.
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Clifton Melonzo

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

Mother { 14. Maiden Name Ethel Kartigue

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

16. (a) Informant's own signature Clifton Melonzo

(b) Address Claypool Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Miami Ariz. (c) Date June 12 1948

18. (a) Embalmer's Signature [Signature]

(b) Funeral Director [Signature]

(c) Address [Address]

19. (a) 7/10/48
(Date received Local Registrar)

(b) Neven D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 11 1948
TIME (Hour and minute) 5:45 P.M.

21. I hereby certify that I attended the deceased from June 9 48
_____, 1948 to June 11 1948
that I last saw him alive on June 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory arrest
etiology embolism
Due to pulmonary (3.5 lbs)

Due to probably laceration
trauma to head

Other conditions _____
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy None

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) _____

(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 Jesse E. Jacobs M. D.

Address Miami Date signed 6/25/48