

2443

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. 4802

Registrar's No. 54

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 406 Cactus St
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 19 da.; In Arizona 17 da.
(Specify whether years, months or days)

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

(d) Street No. 406 Cactus St (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Eleanor Bea Portillo (b) If veteran name war No (c) Social Security No. none

4. Sex Female 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 Aug 18 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 19 hrs _____ min _____
If less than one day

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

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Salvador B. Portillo

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

Mother { 14. Maiden Name Ernestine Atilano

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

16. (a) Informant's own signature Salvador B. Portillo

(b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Miami Ariz (c) Date Sept 7 1948

18. (a) Embalmer's Signature _____

(b) Funeral Director _____

(c) Address _____

19. (a) _____ (Date received by Registrar)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 6 1948
TIME (Hour and minute) 7:45 P. M.

21. I hereby certify that I attended the deceased from Aug 18 1948 to Sept 3 1948
that I last saw her alive on Sept 3 1948

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

Immediate cause of death congenital heart disease

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION

19 days

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 B. J. Lambert M. D.

Address Miami Ariz Date signed 9-6-48