2453

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4812
Registrar's No. 59

1. Place of Death: (a) County Graham (b) City or Town Solomonville (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 50 yrs (Specify whether years, months or days); In Arizona 50 yrs

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Solomonville (If outside city limits also write RURAL)
(d) Street No. Rural; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Barbara A. Alvillar (b) If Veteran name war (c) Social Security No.

4. Sex F.M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased Mar. (Month) 11 (Day) 1861 (Year)
8. AGE: Years 87 Months 6 Days 4 If less than one day hrs. ..... min.
9. Birthplace Las Cruces (City, town or county) New Mex (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name Julian Apodaca
13. Birthplace (City, town or county) New Mex (State or Country)
Mother 14. Maiden Name unknown
15. Birthplace (City, town or county) (State or Country)
16. (a) Informant's own signature x Guillermo Alvillar
(b) Address Solomonville, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place San Jose Ariz (c) Date Sept 17 1948
18. (a) Embalmer's Signature W. C. Rawson
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz
19. (a) Oct 9, 1948 (Date received Local Registrar)
(b) J. M. Shallon M.D. (Registrar's Signature)
Deputy O.R. Reg

40M—100% Reg—6-45

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 14, 1948
TIME (Hour and minute) 2-30 P. M.
21. I hereby certify that I attended the deceased ~~from~~ On September 11 ~~19~~, 1948 to ....., 19....;
that I last saw her alive on September 11, 1948;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Failure
Due to Hypertensive Heart disease
Due to
Other conditions (Include pregnancy within three 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)
(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 William B. Greene M.D. M. D.
Address Box 672 Safford Arizona; Date signed Sept 16/48