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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

6451

State File No. _____
Registrar's No. 63

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 10 Grover Car
(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 Ariz.; (b) County Gila (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 10 Grover Car; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Paul Miranda Jr. (b) If veteran name war _____ (c) Social Security No. none

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 May 6 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months 0 Days 26 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 _____

12. Name Paul Miranda
13. Birthplace Jerome Ariz.
(City, town or county) (State or Country)

14. Maiden Name Antonia Perez
15. Birthplace Calif.
(City, town or county) (State or Country)

16. (a) Informant's own signature Paul Miranda
(b) Address Miami Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Rinal Cem. (c) Date Dec. 3, 1948

18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

19. (a) Dec 3 1948
(Date received Local Registrar)
(b) James B. Bryant
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 2, 1948
TIME (Hour and minute) about 5:00 a.m.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

DURATION
1 day

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 John Carpenter Cornejo
Address Miami Date signed 12-2-48