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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

6458

State File No. _____
Registrar's No. 69

1. Place of Death: (a) County Helen (b) City or Town Miami (c) Location M. J. Hoop
(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 Helen (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 718 Church Hall (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Nasario Perez (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 Oct 31 1948
(Month) (Day) (Year)

8. AGE: Years Months Days if less than one day
0 1 13 hrs. min.

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

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Nasario Perez
13. Birthplace Terlingo Ariz.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Esclanta Hernandez
15. Birthplace Miami Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Nasario Perez
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz. (c) Date Dec 14 1948

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

19. (a) Dec 20 1948
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 14 1948
TIME (Hour and minute) 4:50 P. M.

21. I hereby certify that I attended the deceased from Oct 31 1948 to Dec 14 1948
that I last saw him alive on Dec 14 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 _____

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.
Address Miami Ariz. Date signed 12-20-48