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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

Dr. H. B. Schaberg

State File No. 6918

Registrar's No. 145

1. Place of Death: (a) County Pinal (b) City or Town Casa Grande (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) C. G. Clinic

(d) Length of Stay: In Hospital or Institution 1; In Community 3 days (Specify whether years, months or days); In Arizona 3 days

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

(d) Street No. Paula; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME [redacted] Garcia Alcantar (b) If veteran name war; (c) Social Security No. None

4. Sex: Female

5. Race: White ☑ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Carmen

6. (c) Age of husband or wife, if alive 48 yrs.

7. Birthdate of deceased: april 26, [redacted] 1908 (Month) (Day) (Year)

8. AGE: Years 40 | Months | Days | If less than one day hrs. min.

9. Birthplace: [redacted], mexico (City, town or county) (State or Country) no record

10. Usual Occupation: Housewife

11. Industry or Business:

Father 12. Name: no Record

Father 13. Birthplace: " " (City, town or county) (State or Country)

Mother 14. Maiden Name: Cornelia Martinez

Mother 15. Birthplace: Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature: Carmen Alcantar

(b) Address: Casa Grande, Ariz.

17. (a) Burial, Cremation, or Removal: Removal

(b) Place: Coolidge, Ariz (c) Date: Dec. 24, 1948

18. (a) Embalmer's Signature: Garfield E. Jones

(b) Funeral Director: Coler & Mount Mortuary

(c) Address: Casa Grande, Arizona

19. (a) 12-31-48 (Date received Local Registrar)

(b) Gertrude J. Hager (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): Dec. 22, 1948

TIME (Hour and minute): 3:00 P.M.

21. I hereby certify that I attended the deceased from Dec 22, 1948 to Dec 22, 1948 that I last saw her alive on Dec 22; 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: Bronchitis

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: J. B. Schaberg M. D.

Address: Casa Grande Ariz Date signed 12/29/48

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