ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 730

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Willcox City
C. LENGTH OF STAY IN THIS PLACE: 30 yrs; IN ARIZONA: 30 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Rubal- residence Railroad Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Willcox City
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Railroad Ave.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Lareto
B. (MIDDLE): Acuna
C. (LAST): Ayala

4. SEX: female

5. COLOR OR RACE: ~~Mex'n~~ White

6. MARRIED / NEVER MARRIED / WIDOWED [X] DIVORCED

7. DATE OF BIRTH: MONTH unknown DAY YEAR 1879

8. AGE: YEARS 73 MONTHS DAYS

IF UNDER 24 HOURS: HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): retired Housewife

9B. KIND OF BUSINESS OR INDUSTRY

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico

11. CITIZEN OF WHAT COUNTRY? U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE): no

13. SOCIAL SECURITY NO.: no

14A. FATHER'S NAME: Garaviel Acuna

14B. BIRTHPLACE (STATE OR COUNTRY): Mexico

15A. MOTHER'S MAIDEN NAME: Carmon Maraga

15B. BIRTHPLACE (STATE OR COUNTRY): Mexico

16. INFORMANT'S SIGNATURE: Vee A. Sanchez ADDRESS: Willcox Ariz.

17. DATE OF DEATH (MONTH) Febuary (DAY) 6 (YEAR) 1952

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 hours

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b): Arteriosclerosis — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Coronary insufficiency 1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19__ TO _____, 19__ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__ AND THAT DEATH OCCURRED AT 2:30 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): W. F. Havemeyer MD

23B. ADDRESS: 130 x 308, Willcox

23C. DATE SIGNED: 2-7-52

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]

24B. DATE: 2/8/52

24C. NAME OF CEMETERY OR CREMATORY: Bonita, Ariz.

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bonita, Ariz.

25A. DATE REC'D BY LOCAL REG.: Feb 6-1952

25B. REGISTRAR'S SIGNATURE: John C Wilson MD by C Wilson

26. FUNERAL DIRECTOR'S SIGNATURE: William Koehn ADDRESS: Wilcox

27. EMBALMER'S SIGNATURE: William Koehn CERT. NO. #338

FORM VS 2 REV. 8-50 20M