ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 793

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 8

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Morenci
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: ~~Life~~ 2 WEEKS / Life
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 316 B Hill

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Morenci
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 316 "B" Hill

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) NORA B. (MIDDLE) ANN C. (LAST) ALAMANZA

4. SEX: F

5. COLOR OR RACE: W.

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH Jan DAY 18 YEAR 52

8. AGE: YEARS | MONTHS 1 | DAYS 11

IF UNDER 24 HOURS: HOURS | MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY:

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz

11. CITIZEN OF WHAT COUNTRY? U.S.

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

13. SOCIAL SECURITY NO.: None

14A. FATHER'S NAME: PABLO ALAMANZA

14B. BIRTHPLACE (STATE OR COUNTRY): New Mexico

15A. MOTHER'S MAIDEN NAME: Aurrora Sanchez

15B. BIRTHPLACE (STATE OR COUNTRY): New Mexico

16. INFORMANT'S SIGNATURE: ADDRESS:

17. DATE OF DEATH (MONTH) Feb. (DAY) 29 (YEAR) 52

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) constitutional debility of newborn — INTERVAL BETWEEN ONSET AND DEATH

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

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. meningocoel, spinal - congenital

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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 Feb. 25, 1952 TO Feb 29, 1952. THAT I LAST SAW THE DECEASED ALIVE ON Feb 25, 1952 AND THAT DEATH OCCURRED AT 5 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Arthur Engelder (DEGREE OR TITLE) MD
23B. ADDRESS: Morenci Ariz
23C. DATE SIGNED: Feb 29 52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Feb 29, 1952
24C. NAME OF CEMETERY OR CREMATORY: Fraternal
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Morenci Arizona

25A. DATE REC'D BY LOCAL REG.: FEB 29 1952
25B. REGISTRAR'S SIGNATURE: Guy Strickland

26. FUNERAL DIRECTOR'S SIGNATURE: Family. ADDRESS: Morenci Ariz
27. EMBALMER'S SIGNATURE: Not embalmed
CERT. NO.

FORM VS 2 REV. 8-50 20M