ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1445

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 42

02 02
CE OF DEATH
60 AND 11
1206
AL RESIDENCE
5

1. PLACE OF DEATH
A. COUNTY: Cochise
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Douglas, Rural
C. LENGTH OF STAY: IN THIS PLACE 13day; IN ARIZONA 45yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise County Hospital

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: Douglas
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 325 6th

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Frank
B. (MIDDLE):
C. (LAST): Valenzuela
4. SEX: Male
5. COLOR OR RACE: White

ECEDENT
PERSONAL DATA
3 1 1 3 174 8 352

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED
7. DATE OF BIRTH: MONTH Feb, DAY 20, YEAR 1878
8. AGE: YEARS 74, MONTHS 0, DAYS 18
IF UNDER 24 HOURS: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Pensioner, Shoe Repair
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? Mexico
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: Guadalupe Valenzuela
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Ramona Ruiz
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: County Hosp. Records, Douglas, Arizona
ADDRESS:
17. DATE OF DEATH: (MONTH) March (DAY) 9, (YEAR) 1952

4200
CAUSE OF DEATH (ITEM 18)
0 0

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) Arteriosclerotic Heart disease
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.

INTERVAL BETWEEN ONSET AND DEATH: 4yrs.

ERATIONS, AUTOPSY 2
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO XTERNAL VIOLENCE +
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?

MEDICAL CORONER'S TIFICATION 1
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 26, 1952 TO Mar 9, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Mar 9, 1952 AND THAT DEATH OCCURRED AT 2:25P FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): L E Montgomery MD
23B. ADDRESS: Douglas Ariz
23C. DATE SIGNED: 3/10/52

FUNERAL DIRECTOR AND EGISTRAR 10 2
24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: March 11, 1952
24C. NAME OF CEMETERY OR CREMATORY: Calvary
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
25A. DATE REC'D BY LOCAL REG.: March 11-52
25B. REGISTRAR'S SIGNATURE: Eva Damson
26. FUNERAL DIRECTOR'S SIGNATURE: Curtis Page
ADDRESS: Douglas, Arizona
27. EMBALMER'S SIGNATURE: Curtis Page
CERT. NO. 321

582848

FORM VS 2 REV. 8-50 20M