ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3317

1. PLACE OF DEATH

A. COUNTY: Yuma

B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Someeton

C. LENGTH OF STAY IN THIS PLACE: 45 days | IN ARIZONA: 5 yr

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Somerton rural

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Texas

B. COUNTY: Bexar

C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Somerton-Rural

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Caudle Addition Somerton-Rural

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST): ARCADIA

B. (MIDDLE):

C. (LAST): CALDERA

4. SEX: Female

5. COLOR OR RACE: Whit

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

7. DATE OF BIRTH: MONTH Jan | DAY 12 | YEAR 1872

8. AGE: YEARS 80 | MONTHS 3 | DAYS 28

IF UNDER 24 HOURS: HOURS | MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: home

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.: no

14A. FATHER'S NAME: Jesús Arriola

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Teresa Conde

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Carlos Martinez ADDRESS: Sen Del Somerton Arizona

17. DATE OF DEATH (MONTH) (DAY) (YEAR): May 10,1952

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 4201

+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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH few hours

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.

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 never ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT 5:40PM, 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT 5:40PM, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: C.R. Cavanah — (DEGREE OR TITLE): Coroner

23B. ADDRESS: Somerton, Arizona

23C. DATE SIGNED: 5-12-1952

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: 5-10-52

24C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma Arizona

25A. DATE REC'D BY LOCAL REG.: 5/13/52

25B. REGISTRAR'S SIGNATURE: C.R. Cavanah

26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary RE Johnson — ADDRESS: Box 310 Yuma Ariz

27. EMBALMER'S SIGNATURE: RE Johnson — CERT. NO. 246A

FORM VS 2 REV. 3-50 15M