

CERTIFICATE OF DEATH

BIRTH NO. 277
 1. PLACE OF DEATH
 A. COUNTY **Maricopa**
 B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **Gilbert**
 C. LENGTH OF STAY IN THIS PLACE (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **30 years**
 D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCALITY) **202 West 2nd St. (Home)**
 REGISTRAR'S NO. **129**

3. NAME OF DECEASED
 A. (FIRST) **Guadalupe**
 B. (MIDDLE)
 C. (LAST) **Escobedo**
 4. SEX **Male**
 5. COLOR OR RACE **White**
 6. MARRIED NEVER MARRIED DIVORCED WIDOWED
 7. DATE OF BIRTH
 MONTH **Unknown** DAY **Unknown** YEAR **Unknown**
 8. AGE **58** YEARS MONTHS **Unknown** DAYS **Unknown**
 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). **Labourer**
 9B. KIND OF BUSINESS OR INDUSTRY **Farm work**
 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Mexico**
 11. CITIZEN OF WHAT COUNTRY? **Mexico**
 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (IF YES, GIVE DATES OF SERVICE) **None**
 13. SOCIAL SECURITY NO. **None**
 14A. FATHER'S NAME **Unknown**
 14B. BIRTHPLACE (STATE OR COUNTRY) **Mexico**
 15A. MOTHER'S MAIDEN NAME **Unknown**
 15B. BIRTHPLACE (STATE OR COUNTRY) **Mexico**
 16. INFORMANT'S SIGNATURE **Victor Escobedo (Son) Gilbert, Arizona**
 17. DATE OF DEATH (MONTH) **June** (DAY) **7,** (YEAR) **1952**

18. CAUSE OF DEATH
 ENTER ONLY ONE CAUSE PER LINE (SEE INSTRUCTIONS)
 (C) **202X**
 * THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) **Tuberculosis - Pulmonary**
 ANTECEDENT CAUSES
 MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) **None**
 II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. **Myocarditis, Chronic**
 DUE TO (c) **Several years**

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 (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) (M) (P)
 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 ALIVE ON **6-7-52** AND THAT DEATH OCCURRED AT **1:15 AM** TO **6-7-52** FROM CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE **Victor Escobedo M.D.**
 23B. ADDRESS **Gilbert, Arizona**
 23C. DATE SIGNED **6-9-52**
 24A. BURIAL CREMATION REMOVAL
 24B. DATE **6-10-52**
 24C. NAME OF CEMETERY OR CREMATORY **Mesa City Cemetery**
 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Mesa, Arizona**

25A. DATE REC'D BY LOCAL REG. **6-17-52**
 25B. REGISTRAR'S SIGNATURE **Victor Escobedo**
 26. FUNERAL DIRECTOR'S SIGNATURE **Meldrum Mortuary**
 27. FUNERALER'S SIGNATURE **R. P. Daybell**
 ADDRESS **Mesa, Arizona**
 CENT. NO. **288 A**