ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5830

# CERTIFICATE OF DEATH

BIRTH NO. 16519

REGISTRAR'S NO. 7096

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 11e IN ARIZONA: 11e
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 923 E. Monroe

**3. NAME OF DECEASED** (TYPE OR PRINT)
A. (FIRST) JAMES B. (MIDDLE) FLORES C. (LAST) ABEYTIA

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
7. DATE OF BIRTH: MONTH Sept. DAY 3 YEAR 1952
8. AGE (IN YEARS LAST BIRTHDAY): 1mo. IF UNDER 1 YEAR: MONTHS I DAYS 13 IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED):
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME: James Abeytia
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Sofia Flores
15B. BIRTHPLACE (STATE OR COUNTRY): Calif.
16. INFORMANT'S SIGNATURE: James Abeytia ADDRESS: 923 E. Monroe
17. DATE OF DEATH: (MONTH) October (DAY) 14 (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**
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Acute gastroenteritis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
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. Pneumonia — 1 day

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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 Sept. 3, 19 52 TO Oct. 14, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON Oct. 14, 19 52 AND THAT DEATH OCCURRED AT 10:40 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R. W. Cheasman M D (DEGREE OR TITLE)
23B. ADDRESS: County Hospital; Phoenix, Ariz.
23C. DATE SIGNED: 10/17/52

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: Oct. 18, 1952
24C. NAME OF CEMETERY OR CREMATORY: St. Francis
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix
25A. DATE REC'D BY LOCAL REG.: 10/17/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen ADDRESS: Phx Ariz
27. EMBALMER'S SIGNATURE: L. M. Mortensen CERT. NO.: 261

FORM VS 2 REV. 4-15-52

77 17 87 87 ACE OF DEATH 71 AND 29 238 JAL RESIDENCE 6 3 DECEDENT 2 PERSONAL DATA 201 0 052 CAUSE OF DEATH (ITEM 18) 0 0 OPERATIONS, AUTOPSY 1 DEATH DUE TO EXTERNAL VIOLENCE + MEDICAL OR CORONER'S CERTIFICATION 1 FUNERAL DIRECTOR AND REGISTRAR 85 2