

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6279

CERTIFICATE OF DEATH

BIRTH NO. 22362

REGISTRAR'S NO. 68

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE **Arizona**
B. COUNTY **ila**

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL).
TOWN **Globe**

D. STREET ADDRESS (IF RURAL, GIVE LOCATION).
1060 North High st.
(LAST)

4. SEX **female**

5. COLOR OR RACE **Hispanic White**

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

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

13. SOCIAL SECURITY NO. **none**

15A. MOTHER'S MAIDEN NAME **Pladada Benavdes**

15B. BIRTHPLACE (STATE OR COUNTRY) **Tyron, N. Mex.**

17. DATE OF DEATH (MONTH, DAY, YEAR)
Nov 18, 1952 at 10:00 a.m.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? YES NO

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **18 Nov 1952** TO **18 Nov 1952** THAT I LAST SAW THE DECEASED ALIVE ON **18 Nov 1952** AND THAT DEATH OCCURRED AT **10:00** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23. DATE SIGNED **18 Nov**

24. NAME OF CEMETERY OR CREMATORY **Globe Cemetery**

24B. DATE **Nov 19, 1952**

24C. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Globe, Arizona**

25. DATE REC'D BY LOCAL REGISTRY **24 Nov 1952**

25B. REGISTRAR'S SIGNATURE **James D. [Signature]**

25C. FUNERAL DIRECTOR'S SIGNATURE **Globe, Arizona**

25D. ADDRESS **Globe, Arizona**

25E. CERT. NO. **#323**

1. PLACE OF DEATH
A. COUNTY **Gila**

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) **Miami**

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA **8 hrs**

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL OR ADDRESS OR LOCATION INSTITUTION **Miami Inspiration Hospital**

3. NAME OF DECEASED (FIRST, MIDDLE, LAST)
Infant of rl Paula Rodriguez

6. MARRIED NEVER MARRIED DIVORCED WIDOWED
7. DATE OF BIRTH **Nov 18 1952**

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Miami Arizona**

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Globe Arizona**

11. CITIZEN OF WHAT COUNTRY? **U.S.A.**

14A. FATHER'S NAME **Fredrico Rodriguez**

16. INFORMANT'S SIGNATURE **Federico Rodriguez (FAT) No 1060 North High St**

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). **Death of**

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) **Coronary Heart Disease**

2. MORBID CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STAT. ING THE UNDERLYING CAUSE LAST. **none**

3. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DEATH BUT NOT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. **none**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT SUICIDE HOMICIDE

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SECOND) (M) (P) **11:00 AM**

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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