ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6933

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

**1. PLACE OF DEATH**
A. COUNTY: Apache
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Springerville
C. LENGTH OF STAY IN THIS PLACE: 80 Yrs. IN ARIZONA: 80 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): North Zuni St. No number

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Apache
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Springerville
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): North Zuni St. No number

**3. NAME OF DECEASED** (TYPE OR PRINT)
A. (FIRST): Juan
B. (MIDDLE): Trujillo
C. (LAST): Baca

**4. SEX:** Male

**5. COLOR OR RACE:** Mexican

**6. MARRIED / NEVER MARRIED / WIDOWED [X] / DIVORCED:**

**7. DATE OF BIRTH:** MONTH Sept. DAY 20 YEAR 1841

**8. AGE:** YEARS 111 MONTHS 2 DAYS 27

IF UNDER 24 HOURS: HOURS / MIN.

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

**9B. KIND OF BUSINESS OR INDUSTRY:** Farm

**10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): New Mexico

**11. CITIZEN OF WHAT COUNTRY?:** USA

**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:** Miguel Baca

**14B. BIRTHPLACE** (STATE OR COUNTRY): New Mexico

**15A. MOTHER'S MAIDEN NAME:** Mary Trujillo

**15B. BIRTHPLACE** (STATE OR COUNTRY): New Mexico

**16. INFORMANT'S SIGNATURE:** Miguel C. Baca
ADDRESS: Florence, Arizona

**17. DATE OF DEATH** (MONTH) (DAY) (YEAR): December 17, 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**

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: Many years.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Bronchopneumonia — 2 Days
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 [X]

**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 6-12-1952 TO 12-17-1952 ALIVE ON 12-16-1952 AND THAT DEATH OCCURRED AT 10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. THAT I LAST SAW THE DECEASED

**23A. SIGNATURE** (DEGREE OR TITLE): Ellis V. Browning M.D.

**23B. ADDRESS:** Springerville Ariz.

**23C. DATE SIGNED:** 12-18-52

**24A. BURIAL** [X] **CREMATION** [ ] **REMOVAL** [ ]

**24B. DATE:** Dec. 19, 1952

**24C. NAME OF CEMETERY OR CREMATORY:** Springerville Cemetery

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

**25A. DATE REC'D BY LOCAL REG.:** Dec. 19, 1952

**25B. REGISTRAR'S SIGNATURE:** Mrs. Marjorie L. Kane

**26. FUNERAL DIRECTOR'S SIGNATURE:** Dan B. Nutt
ADDRESS: Springerville, Ariz.

**27. EMBALMER'S SIGNATURE:** Dan B. Nutt
CERT. NO. 266 A.

FORM VS 2 REV. 8-50 20M