

v. Calogry

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7012

CERTIFICATE OF DEATH

BIRTH NO. 14	1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN Miami		B. LENGTH OF STAY IN THIS TOWN 26 YRS. 26 YRS. IN ARIZONA IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		REGISTRAR'S NO. 78	
	2. USUAL RESIDENCE A. STATE ARIZONA C. CITY OR TOWN Miami		D. STREET ADDRESS E-2 Davls Canyon (IF RURAL, GIVE LOCATION)		5. COLOR OR RACE Mexican	
AGE OF DEATH 25 AND 25 UAL RESIDENCE 5	3. NAME OF DECEASED (TYPE OR PRINT) Fabriciano Orogco		C. (MIDDLE)		4. SEX Male	
	6. HARRIED, NEVER HARRIED, WIDOWED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH MONTH Aug. 22 YEAR 1890		8. AGE (IN YEARS IF UNDER 1 YEAR, IF UNDER 24 HRS. DAYS MONTHS YEARS) 63 YRS	
DECEDENT PERSONAL DATA 1/63 8 152	9. KIND OF BUSINESS OR INDUSTRY Copper Mine		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> Mexico	
	14. FATHER'S NAME Pedro Medrano		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Unknown	
16. INFORMANT'S SIGNATURE <i>Helen Garcia</i>		ADDRESS Miami, Arizona		17. DATE OF DEATH (MONTH) Dec. (DAY) 12, (YEAR) 1952		
CAUSE OF DEATH (ITEM 1)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (A) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 Day
	11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					
OPERATIONS, AUTOPSY	21A. ACCIDENT SUICIDE HOMICIDE					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)					
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 11, 1952 TO Dec 12, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Dec 12, 1952 AND THAT DEATH OCCURRED AT Miami, Arizona					
MEDICAL OR CORONER'S CERTIFICATION	23A. SIGNATURE <i>Edw. Cullaply MD</i>		23B. ADDRESS Miami, Arizona		23C. DATE SIGNED	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> DATE REC'D BY LOCAL REG. DEC 18 1952		24B. DATE Dec. 16, 1952		24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	
FUNERAL DIRECTOR AND REGISTRAR 50206	25A. REGISTRAR'S SIGNATURE <i>Helen Garcia</i>		25B. REGISTRAR'S SIGNATURE <i>Helen Garcia</i>		25C. REGISTRAR'S SIGNATURE <i>Helen Garcia</i>	
	26. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona		27. NUMERAL-DIRECTOR'S SIGNATURE <i>Helen Garcia</i>		28. ADDRESS Miami, Arizona	