

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

7021

STATE FILE NO.

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <i>Yuma</i> C. CITY OR TOWN <i>Miami</i>	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <i>3 yrs 3 mos</i> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	2. USUAL RESIDENCE (WHERE DECEASED LIVED IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Yuma</i>		REGISTRAR'S NO. <i>114</i>
		C. CITY OR TOWN <i>Miami</i>		IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <i>49 West St. - James Miami</i>		D. STREET ADDRESS <i>49 West St. - James Miami</i>		(IF RURAL, GIVE LOCATION)
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Angelita</i> B. (MIDDLE) <i>Luna</i> C. (LAST) <i>Oliver</i>		4. SEX <i>Female</i>		5. COLOR OR RACE <i>White</i>
6. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>		7. DATE OF BIRTH MONTH <i>11</i> DAY <i>1870</i> YEAR <i>1870</i>		8. AGE (IN YEARS IF UNDER 1 YEAR; IF UNDER 24 HRS. DURING MOST OF LIFE, EVEN IF RETIRED). HOURS <i>8 3/4</i> MIN. <i>0</i>
9. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>		11. CITIZEN OF WHAT COUNTRY? <i>Mexico</i>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO.		<i>none</i>
14A. FATHER'S NAME <i>Alonzo Luna</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		15A. MOTHER'S MAIDEN NAME <i>Yudaman</i>
15. INFORMANT'S SIGNATURE <i>Edward R. Balza</i>		ADDRESS <i>Miami, Fla</i>		17. DATE OF DEATH MONTH <i>Nov.</i> DAY <i>22</i> YEAR <i>1952</i>
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>1. Hypertensive - years</i> <i>2. Coronary Arteriosclerosis</i> <i>3. Cholelithiasis</i>		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>Coronary Arteriosclerosis</i> (B) <i>Hypertensive - years</i> (C) <i>Cholelithiasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (HOUR) (DAY) (YEAR) (MONTH) (YEAR) (HOUR)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM LIVE ON <i>21 Nov 19 52</i> AND THAT DEATH OCCURRED AT <i>8:15 P.M.</i>		22. I HEREBY CERTIFY THAT I LAST SAW THE DECEASED <i>1952</i> THAT I LAST SAW THE DECEASED		23C. DATE SIGNED <i>11/24/52</i>
23A. SIGNATURE <i>Dr. Jose E. James MD</i>		23B. ADDRESS <i>Miami, Fla</i>		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE <i>Nov. 25 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Gring Cemetery</i>
25A. DATE RECD BY LOCAL REG. <i>Nov 24 1952</i>		25B. REGISTRAR'S SIGNATURE <i>Edward R. Balza</i>		25C. GENERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>
26. FUNERAL DIRECTOR AND REGISTRAR <i>James D. ...</i>		26B. REGISTRAR'S SIGNATURE <i>Edward R. Balza</i>		26C. GENERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>