

CERTIFICATE OF DEATH

BIRTH NO. 404 DATE OF DEATH AND RESIDENCE 5 AND 25 404 25 404 25	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN CITY LIMITS <b>25 Yrs. 29 Yrs.</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		REGISTRAR'S NO. (WHERE DECEASED LIVED, IF INSTITUTION; B. COUNTY (IF HOME ADMISSION). <b>OFFICE</b>	
	C. CITY OR TOWN <b>Miami</b>		C. CITY OR TOWN <b>Miami</b>		C. CITY OR TOWN <b>Miami</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1000 Sullivan St.</b>	
3. NAME OF DECEASED (TYPE OR PRINT) <b>Lydir Rubio</b>		C. (MIDDLE)		4. SEX <b>Fem.</b>		5. COLOR OR RACE <b>White</b>		
6. HARRIED, NEVER MARRIED, DIVORCED (SPECIFY) <b>Married</b>		7. DATE OF BIRTH MONTH <b>June</b> DAY <b>25</b> YEAR <b>1925</b>		8. AGE (IN YEARS) IF UNDER 1 YEAR, GIVE DAYS; IF UNDER 24 HRS., GIVE HOURS AND MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Housewife</b>		
9B. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, YEAR OR DATES OF SERVICE) <b>No</b>		
14A. FATHER'S NAME <b>Augustino Rubio</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>		15A. MOTHER'S MAIDEN NAME <b>Concha Flores</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		
16. INFORMANT'S SIGNATURE <i>Antonio Rubio</i>		ADDRESS <b>Miami, Arizona.</b>		17. DATE OF DEATH MONTH <b>Dec.</b> DAY <b>1,</b> YEAR <b>1952</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <b>6483</b>		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
CAUSE OF DEATH (ITEM 18)		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <b>Pulmonary embolism</b>		DUE TO (B) <b>Severe Vasculitic-platelet &amp; legs.</b>		DUE TO (C) <b>Pre-menage shoulder dislocation Delivery by Vacuum + Extraction / how</b>		
ERATIONS, (AUTOPSY)		21A. ACCIDENT (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		
DEATH DUE TO (INTERNAL) (EXTERNAL) (TOLENC)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) <b>Dec 1 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR		
MEDICAL CORONER'S (IFICATION)		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Oct 10 1952</b> TO <b>Dec 1 1952</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Dec 1 1952</b> AND THAT DEATH OCCURRED AT <b>5:30 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>P. E. Lambrecht M.D.</i>		23B. ADDRESS <b>Miami, Arizona.</b>		
GENERAL DIRECTOR AND REGISTRAR		24A. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		24B. DATE <b>Dec. 5, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>		
25A. DATE RECD BY LOCAL REG. <b>DEC 10 1952</b>		25B. REGISTRAR'S SIGNATURE <i>Alfonso D. Grayton</i>		25C. REGISTRAR'S SIGNATURE <i>Alfonso D. Grayton</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona.</b>		
26. GENERAL DIRECTOR'S SIGNATURE <i>Alfonso D. Grayton</i>		27. REGISTRAR'S SIGNATURE <i>Alfonso D. Grayton</i>		28. ADDRESS <b>1177 N. W. 1st St. Miami, Fla.</b>		CERT. NO. <b>244A</b>		