

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH COUNTY Mazicopa	B. LENGTH OF STAY IN THIS TOWN 35 yrs IN ARIZONA 35 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Phoenix		A. STATE Arizona		B. COUNTY Mazicopa	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 1401 S. 12th Pl		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1401 S. 12th Pl.			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Carmen B. (MIDDLE) Badia C. (LAST) Carbajal			4. SEX female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH DAY YEAR unknown	8. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife
9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? Mexico	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None	
14A. FATHER'S NAME Jesus Badia		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Emilia Quijada		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
16. INFORMANT'S SIGNATURE Mrs. Andrea Avila 3132 W. Jefferson			ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 28, 1955	
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) Cardiovascular neural disease			
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) Senility				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 12, 1952, TO Jan 27, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Jan 27, 1955, AND THAT DEATH OCCURRED AT 10:30 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE Louis A. Kelly M.D.		22B. ADDRESS 301 W. McDowell		22C. DATE SIGNED 1-28-55		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 1-31-55	25C. NAME OF CEMETERY OR CREMATORY Greenwood		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
26A. DATE REC. BY LOCAL REG. 1/30/55		26B. REGISTRAR'S SIGNATURE Budah Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE L.M. Mortimer		27B. ADDRESS Phoenix, Arizona