ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0062

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 21

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA
C. CITY OR TOWN: Safford — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2½ miles East of Safford

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2½ miles East of Safford

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Leonardo B. (MIDDLE) Ruiz C. (LAST) Juarez

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Isidora
7. DATE OF BIRTH: MONTH Nov. DAY 6 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 70
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): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
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.:

14A. FATHER'S NAME: Tiburcio Juarez
14B. BIRTHPLACE (STATE OR COUNTRY): unknown
15A. MOTHER'S MAIDEN NAME: Guadalupe Ruiz
15B. BIRTHPLACE (STATE OR COUNTRY): unknown

16. INFORMANT'S SIGNATURE: x Edward Juarez
ADDRESS: 225 H. 4th St. Safford

17. DATE OF DEATH: (MONTH) January (DAY) 4 (YEAR) 1957

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cardiac Arthma — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 1955, TO 1/4 1957, THAT I LAST SAW THE DECEASED ALIVE ON 1/4 1957, AND THAT DEATH OCCURRED AT 4 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): J. M. Stratton
22B. ADDRESS: Safford
22C. DATE SIGNED: 1/5/57

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-7-57
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Arizona

26A. DATE REC. BY LOCAL REG.: January 5/57
26B. REGISTRAR'S SIGNATURE: M. Stratton M.D. Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: G. H. Cadwell
27B. ADDRESS: Safford Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 7759

25 05 E OF DEATH
6 AND 76
L RESIDENCE
X -
1
3
DECEDENT 1
ERSONAL 170
DATA
3
157
4342
CAUSE 2
OF
DEATH 0
ITEM 18)
0
ERATIONS, 2
AUTOPSY
MEDICAL +
TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION
FUNERAL 2
DIRECTOR AND 2
EGISTRAR
0 -