

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 221

1 OF DEATH AND RESIDENCE 0402

DECEDENT PERSONAL DATA 1108

750 X CAUSE OF DEATH (EM 18)

RATIONS ATopsy

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

DRONER'S CERTIFICATION

GENERAL DIRECTOR AND REGISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN Life IN ARIZONA Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Miami-Inspiration Hospital				D. STREET ADDRESS 418 Gov't Housing	
3. NAME OF DECEASED (TYPE OR PRINT) Baby Kathy Jean		A. (FIRST) Baby B. (MIDDLE) Kathy C. (LAST) Rubalcava		4. SEX Fem.	5. COLOR OR RACE White
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 5 DAY 29 YEAR 1957	8. AGE (IN YEARS LAST BIRTHDAY)	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Infant	9B. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
9B. KIND OF BUSINESS OR INDUSTRY Infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	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 Johnny Rubalcava		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Thelda Hamlet		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
16. INFORMANT'S SIGNATURE <i>Johnny M. Rubalcava</i>			ADDRESS Ariz. Claypool,		17. DATE OF DEATH (MONTH) May (DAY) 30 (YEAR) 1957
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LIKE FOR (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 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. 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.			INTERVAL BETWEEN ONSET AND DEATH 28 hours
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 5-29 , 19 57 , TO 5-30 , 19 57 , THAT I LAST SAW THE DECEASED ALIVE ON 5-30 , 19 57 , AND THAT DEATH OCCURRED AT 6:45 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <i>Dr. Lawrence M. Williams</i>		(DEGREE OR TITLE) MD		22B. ADDRESS Miami, Ariz.	
22C. DATE SIGNED 5-31-57					
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 May 31, 1957	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
26A. DATE REC. BY LOCAL REG. 6/20/57		26B. REGISTRAR'S SIGNATURE <i>Lawrence Douglas</i>		26C. GENERAL DIRECTOR'S SIGNATURE <i>Dr. Lawrence M. Williams</i>	
26D. ADDRESS		26E. ADDRESS			