

1503

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index - - - No. 133  
County Registrar's - No. 91  
Local Registrar's - No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF DEATH**

1. County Pima District \_\_\_\_\_  
Town or city Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give the NAME instead of street number)

2. FULL NAME Marcelino Rodriguez  
(a) Residence. No. Lomas Ave St. 3222 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
2. SEX <u>male</u>	4. COLOR or RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>single</u>			16. DATE OF DEATH (month, day, and year) <u>May 26 1924</u>	19 <u>24</u>
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>March 26-1924</u> to <u>March 26 1924</u> that I last saw him alive on <u>March 26- 1924</u>	
6. DATE OF BIRTH (month, day and year) <u>Jan 16 1924</u>					and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
7. AGE Years <u>2</u> Months _____ Days <u>15</u>	IF LESS than 1 day hrs. _____ or min. _____			CONTRIBUTORY (secondary) _____ (duration) yrs. mos. ds. <u>51</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					18. Where was disease contracted if not at place of death? _____ (duration) yrs. mos. ds. _____ Did an operation precede death? _____ date of _____ Was there an autopsy? _____	
9. BIRTHPLACE (city or town) <u>Miami</u> (State or Country) <u>Ariz</u>					What test confirmed diagnosis? _____ Signed <u>Charles E. Dru</u> M. D. <u>March 27 1924</u> (Address) <u>Miami, Ariz.</u>	
10. NAME OF FATHER <u>M. Rodriguez</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
11. BIRTHPLACE OF FATHER (city or town) <u>Mexico</u> (State or country) _____					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Coral Cemetery</u>	
12. MARRIED NAME OF MOTHER <u>Lencia</u>					DATE OF BURIAL <u>3/27 1924</u>	
13. BIRTHPLACE OF MOTHER (city or town) <u>Mexico</u> (State or country) _____					20. UNDERTAKER <u>J. May</u>	
14. Informant (Address) _____					ADDRESS <u>Miami</u>	
15. Filed <u>March 27 1924</u> <u>C. E. Dru</u> Local Registrar. Filed <u>4-5 1924</u> <u>(Signature)</u> County Registrar.					V. S. No. 1	