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MARGIN RESERVED FOR BINDING
N. B.—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.

Dr. Brayton
Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA STATE FILE NO. 63
TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 64
CITY Miami NO. _____ ST. _____ WARD _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Delores Rodriquez HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. E 17 Davis Canyon ST. _____ WARD _____ (IF NOT RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Infant</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>NOV. 10 1934</u>	DATE OF ONSET
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov 8 1934</u> TO <u>Nov 8 1934</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5, 1934</u>					I LAST SAW <u>her</u> ALIVE ON <u>Nov 8 1934</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2 P.</u> M.	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Infant</u>					<u>Dysentery - acute</u> <u>hemorrhage</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.						
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Miami Arizona.</u>					<u>Don't know</u>	
13. NAME <u>Trinidad Rodriquez</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					NAME OF OPERATION _____ DATE OF _____	
15. MAIDEN NAME <u>Luz Chacon</u>					WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>Yes</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Melcalf Arizona.</u>					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____	
17. INFORMANT (ADDRESS) <u>Paule Garcia Miami, Arizona.</u>					WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
18. BURIAL, CREMATION, OR OTHER FINAL BURIAL PLACE <u>Pinal Cemetery</u> DATE <u>Nov. 11 1934</u>					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
19. EMBALMER { LICENSE NO. <u>209</u> SIGNATURE <u>Alton H. Cole</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami, Arizona.</u>					MANNER OF INJURY _____ NATURE OF INJURY _____	
20. FILED <u>Dec. 5 - 1934</u> <u>C. M. Cronin</u> REGISTRAR					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (SIGNED) <u>Alton H. Cole</u> M. D. (ADDRESS) _____	