

2428

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

Dr. Nelson Brayton
STATE FILE NO. 65

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 173
 TOWNSHIP _____ OR VILLAGE _____
 CITY Globe
 LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) Gila General Hospital WARD _____
 IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. 1 DAY HOW LONG IN U. S. IF OF FOREIGN BIRTH 22 YRS. _____ MOS. _____ DS. _____
 2. FULL NAME Rose C. Rodriguez HOW LONG IN STATE WHEN DEATH OCCURRED 22 YRS. _____ MOS. _____ DS. _____
 (A) RESIDENCE: No. 808 Live Oak St. ST. _____ WARD Miami, Arizona.
 (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Pete Rodriguez
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1912
 7. AGE YEARS 22 MONTHS 2 DAYS 18 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife
 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

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1934
 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Nov 2 1934 TO Nov 17 1934
 I LAST SAW HER ALIVE ON Nov 17 1934; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5 P. M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Post Partum Infection
Puerperal
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

MOTHER: 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico
 FATHER: 13. NAME Jose Canizales
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico
 15. MAIDEN NAME Angelita Verdugo
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico
 17. INFORMANT Joe Canizales (ADDRESS) Mexico
 18. BURIAL, CREMATION, OR OTHER PLACE Pinal Cemetery DATE Nov. 19 1934
 19. EMBALMER { LICENSE NO. 200 SIGNATURE Dalton H. Cole
 FUNERAL DIRECTOR Vilas Mortuary ADDRESS Miami, Arizona.
 20. FILED Dec 1 1934 Nelson Brayton REGISTRAR

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS _____ WAS THERE AN AUTOPSY No
 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____
 WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
 MANNER OF INJURY _____
 NATURE OF INJURY _____
 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
 IF SO, SPECIFY _____
 (SIGNED) Nelson D. Brayton M. D.
 (ADDRESS) Miami, Arizona