

7249

4

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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 68

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 50  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
 CITY Miami NO. 49 Live Oak Canyon WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. \_\_\_\_\_ OF FOREIGN \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME Rodena Ozuna HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. 1 DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. 49 Live Oak Canyon ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1936

7. AGE YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DAYS 1 IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. \_\_\_\_\_ OR \_\_\_\_\_ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Infant

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Miami (STATE OR COUNTY) Arizona

FATHER 13. NAME N. M. Ozuna  
 14. BIRTHPLACE (CITY OR TOWN) Hayden, (STATE OR COUNTY) ARIZ.

MOTHER 15. MAIDEN NAME Juta Gogomez  
 16. BIRTHPLACE (CITY OR TOWN) Silver City, (STATE OR COUNTY) N. Mexico

17. INFORMANT N. M. Ozuna (ADDRESS) Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinal Cemetery DATE June 2, 1936

19. EMBALMER LICENSE NO. \_\_\_\_\_ SIGNATURE [Signature]  
 FUNERAL DIRECTOR Miles Mortuary (ADDRESS) Miami, Arizona

20. FILED July 7, 1936 REGISTRAR C. M. Cron

---

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 1, 1936, TO \_\_\_\_\_, 19\_\_\_\_  
 LAST SAW HIM ALIVE ON \_\_\_\_\_, 19\_\_\_\_; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT \_\_\_\_\_ M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pneumonia - 6 1/2 mo DATE OF ONSET \_\_\_\_\_

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

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) [Signature] M. D. \_\_\_\_\_  
 (ADDRESS) \_\_\_\_\_

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

FORM 1-1-36 - FORM 2-100% RAC