

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 STATE FILE NO. 81

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. 11
 TOWNSHIP _____ OR VILLAGE _____ OR _____
 CITY Globe NO. Gila County Hospital ST. _____ 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 3 YRS. 0 MOS. 0 DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? 42 YRS. 0 MOS. 0 DS.

2. FULL NAME Dolores Rodriguez HOW LONG IN STATE WHEN DEATH OCCURRED? 0 YRS. 0 MOS. 0 DS.
 (A) RESIDENCE: NO. 194 Lane St. ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-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>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 16, 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Juana M. Rodriguez</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 16</u> , 19 <u>38</u> , TO <u>Jan 18</u> , 19 <u>38</u> I LAST (SAW HIM) ALIVE ON <u>Jan 15</u> , 19 <u>38</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6 P</u> M.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23, 1889</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pulmonary tuberculosis</u> DATE OF ONSET <u>Jan 26</u>		
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. <u>48</u> <u>9</u> <u>25</u>		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Laborer</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Bronchial pneumonia</u> <u>Jan 12</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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>						
13. NAME <u>Ignacio Rodriguez</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>						
15. MAIDEN NAME <u>Belen Lopez</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>						
17. INFORMANT <u>Juana M. Rodriguez</u> (ADDRESS) <u>Globe Ariz</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Globe Cemetery</u> DATE <u>Jan. 22, 1938</u>						
19. EMBALMER LICENSE NO. <u>18 A</u> SIGNATURE <u>Thed O Jones</u> FUNERAL DIRECTOR LICENSE NO. <u>10 A</u> SIGNATURE <u>Thed O Jones</u> ADDRESS <u>Globe Arizona</u>						
20. FILED <u>Jan 22, 1938</u> REGISTRAR <u>Gene Prance</u>						
					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) <u>Thed O Jones</u> M. D. (ADDRESS) <u>Globe Ariz</u>	

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION