

9114

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

State File No. 173

1. PLACE OF DEATH  
County Gila State ARIZONA Registrar No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Sec. \_\_\_\_\_ Ward \_\_\_\_\_  
City Miami (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. mos. ds.  
How long in State when death occurred? 14 yrs. mos. ds.

2. FULL NAME Pedro Rodriguez  
(a) Residence: No. 411 Olive St. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)  
(Usual place of abode)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 2-28-1907

7. AGE Years 31 Months 5 Days 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

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) Marfa (State or Country) Texas

MOTHER

13. NAME Josi Rodriguez Date of \_\_\_\_\_  
14. BIRTHPLACE (city or town) Ft. Stockton Was there an autopsy?   
(State or Country) Texas

FATHER

15. MAIDEN NAME Herlinda Florey  
16. BIRTHPLACE (city or town) Old Mexico  
(State or Country) \_\_\_\_\_

17. INFORMANT Josephine P. Pardo  
(Address) 409 Olive St Miami

18. BURIAL, CREMATION, OR REMOVAL  
Place Final Cem. Date 8-24-35

19. EMBALMER License No. 200A  
Signature W. H. McEllan  
FUNERAL DIRECTOR Wiles Mortuary  
Address Miami, Ariz.

20. Filed August 27 1935 Registrar Henry J. ...

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-20, 1935  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_.

The principal cause of death and related causes of importance were as follows: Gun shot wound inflicted by the hands of Leopoldo Medina? 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: murder Date of injury 8-20, 1935  
Accident, suicide, or homicide?  
Where did injury occur? Miami, Arizona  
(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 Shot through the heart

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_, M. D.  
(Signed) J. Lopez  
(Address) Justice of the Peace

Back of Certificate to be used for any Additional Information