

1248

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. 66
Registered No. 19

1. PLACE OF DEATH
County Gila State ARIZONA
Township Globe No. 11th Co. Road St. _____ Ward _____
City Globe (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 19 yrs. 10 mos. 14 ds. How long in _____ if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Florence Rodriguez
(a) Residence: No. Rodriguez Court St. _____ Ward _____ (non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Latin 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) unknown

7. AGE Years 42 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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 Country) Spain

FATHER
13. NAME Jose Rodriguez
14. BIRTHPLACE (city or town) (State or Country) Spain

MOTHER
15. MAIDEN NAME Maria Franquera
16. BIRTHPLACE (city or town) (State or Country) Spain

17. INFORMANT (Address) Juan Rodriguez

18. BURIAL, CREMATION OR REMOVAL Place Rinal Cem. Date 3-2-39

19. EMBALMER License No. 2054 Signature [Signature]
FUNERAL DIRECTOR Miriam [Signature]
Address _____

20. Filed Mar 2 1939 Registrar Jane Hauke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Feb 27, 1939
I last saw him alive on Feb 27, 1939; death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of Onset 1936

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 _____
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) Globe Ariz