

2153

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 64

1. Place of Death: (a) County GILA (b) City or Town CLAYPOOL (c) Location 26 WARRIOR
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution no; In Community 18 yrs
(Specify whether years, months, or days) ; In Arizona 18 yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County GILA; (c) City or Town CLAYPOOL
(If outside city limits also write RURAL)
(d) Street No. 26 WARRIOR; (e) If foreign born, in U. S. A. 18 yrs.
3. (a) FULL NAME TEDORA RODRIGUEZ (b) If veteran no (c) Social Security No. none
(If NONE write the word)

4. Sex FEMALE 5. Color or Race MEXICAN 6. (a) Single, married, widowed or divorced SINGLE
6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive None yrs.
7. Birthdate of deceased UNKNOWN 1873
(Month) (Day) (Year)
8. AGE: Years 67 Months - Days - If less than one day hrs - min -

9. Birthplace Unknown MEXICO
(City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business no
12. Name UNKNOWN
13. Birthplace no
(City, town or county) (State or Country)
14. Maiden Name UNKNOWN
15. Birthplace no
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs B.C. Campbell
(b) Address Warrior 27

17. (a) Burial, Cremation or Removal Burial
(b) Place PINIXL (c) Date SEPT 29 1940
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address [Address]

19. (a) Sept 27 1940
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) SEPT 26, 1940;
TIME (Hour and minute) 3-05 A.M.
21. I hereby certify that I attended the deceased on Sept 25
1940 to 19;
that I last saw him awake alive on Sept 25 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION 5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature [Signature] M. D.
Address Warrior Date signed Sept 26 1940