

1781

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 81  
Registrar's No. 4

1. Place of Death: (a) County Sila (b) City or Town Hayden (c) Location (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 16 yrs.; In Arizona 16 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Sila (c) City or Town Hayden  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born, in U.S.A. 16 yrs.  
3. (a) FULL NAME Maria Rosario Quezada (b) If veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex Female 5. Color or Race Mex 6. (a) Single, married, widowed, divorced Widowed  
6. (b) Name of husband or wife José Quezada 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Apr 15 1901  
(Month) (Day) (Year)  
8. AGE: Years 40 Months 2 Days 29 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Sanora Mexico  
(City, town or county) (State or Country)  
10. Usual Occupation None  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Thoruzis Quezada  
13. Birthplace Mexico  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Francisca Duarte  
15. Birthplace Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Francisco Quezada  
(b) Address Hayden, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Trinity Date 7/16/41  
18. (a) Embalmer's Signature P. J. Sutton  
(b) Funeral Director P. J. Sutton  
(c) Address Winkelmann  
19. (a) July 15 1941  
(Date received local Registrar)  
(b) R. D. Jack  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 14 1941  
TIME (Hour and minute) 11:45 P.M.  
21. I hereby certify that I attended the deceased from July 11 to July 14, 1941  
that I last saw her alive on July 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

2 years

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? ✓ (c) Means of injury \_\_\_\_\_  
23. Signature Charles H. ... M.D.  
Address Hayden Date signed 7-14-41