

1265

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

37

1. Place of Death: (a) County DeLa (b) City or Town Miami (c) Location 1165 Sullivan St.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 34 yrs; in Arizona 34 yrs
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County DeLa (c) City or Town Miami
 (If outside city limits also write RURAL)

(d) Street No. 1165 Sullivan St. (e) Citizen of foreign country (yes or No) _____
 If Yes, which country _____

3. (a) FULL NAME Eugenio G. Y. Rodriguez (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed Married
 6. (b) Name of husband Cristina Rodriguez 6. (c) Age of husband or wife, if alive 45 yrs

7. Birthdate of deceased July 4 1883
 (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 14 If less than one day
 hrs. _____ min. _____

9. Birthplace Oviedo Asturias, Spain
 (City, town or county) (State or Country)

10. Usual Occupation Shoemaker

11. Industry or Business Bullion Plaza Young

Father { 12. Name Eugenio Rodriguez
 13. Birthplace Oviedo, Spain
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Gertrudis Iglesias
 15. Birthplace Oviedo Spain
 (City, town or county) (State or Country)

16. (a) Informant's own signature _____
 (b) Address _____

17. (a) Burial, Cremation or Removal Burial
 (b) Place Cinal (c) Date June 27 1943

18. (a) Embalmer's Signature J. May Miles Jr.
 (b) Funeral Director Miles Mortuary
 (c) Address Miami Ariz

19. (a) March 29 1943
 (Date received local Registrar)

(b) Reson D. Brayton
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 18 1942
 TIME (Hour and minute) 11:00 P. M.

21. I hereby certify that I attended the deceased from April 18
 1942 to June 18 1942
 that I last saw him alive on June 18 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac failure
 Due to Arteriosclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

DURATION	PHYSICIAN
<u>2 mos</u>	<u>?</u>

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 Lee Gray M. D.
 Address Miami, Ariz Date signed 3/27/43