

2400

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 88

Registrar's No. 88

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 3796 Cottonwood
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 12 yrs
 (Specify whether years, months or days)

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

(d) Street No. 3796 Cottonwood; (e) Citizen of foreign country (yes or No) _____
 If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Cristina Coto Rodriguez (b) If Veteran name was _____ (c) Social Security No. None

4. Sex Female 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Eugenio S. Rodriguez 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Sept 21 1897
 (Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 27 If less than one day hrs. _____ min. _____

9. Birthplace La Belguera Spain
 (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name Manuel Coto
 13. Birthplace Asturias Spain
 (City, town or county) (State or Country)

14. Maiden Name Manuela Suarez
 15. Birthplace Asturias Spain
 (City, town or county) (State or Country)

16. (a) Informant's own signature Louise Piper
 (b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
 (b) Place Cenel (c) Date Aug 20 1942

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

19. (a) Aug 29-42
 (Date received local Registrar)
 (b) Gene Penelle
 (Registrar's Signature)

ZOM 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 17 1942
 TIME (Hour and minute) 1:30 P. M.

21. I hereby certify that I attended the deceased from August 8
 1942 to August 17 1942
 that I last saw her alive on August 17 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Uræmia resulting

Due to Nephritis, Chronic
Paraneurmatous

Due to _____

Other condition Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

DURATION 48 hrs

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 W. E. Clark M. D.
 Address Globe, Arizona Date signed 8-22-42