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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 4205

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County PINAL (b) City or Town TIGER (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 4 yrs (Specify whether years, months or days); in Arizona 38 yrs

2. Usual Residence of Deceased: (a) State ARIZONA ; (b) County PINAL ; (c) City or Town TIGER (If outside city limits also write RURAL)
(d) Street No. (e) Citizen of foreign country (yes or No) YES If Yes, which country MEXICO

3. (a) FULL NAME JOSE PADILLA FLORES (b) If Veteran name war Social Security No. 526-07-1175 (If NONE write the word)

4. Sex MALE
5. Color or Race WHITE
6. (a) Single, married, widowed or divorced MARRIED
6. (b) Name of husband or wife LUCIA D. FLORES
6. (c) Age of husband or wife, if alive 49 yrs.
7. Birthdate of deceased MAY (Month) 3 (Day) 1880 (Year)
8. AGE: Years 62 Months Days If less than one day hrs. min.
9. Birthplace HAUPIO, SONORA (City, town or county) MEXICO (State or Country)
10. Usual Occupation JANITOR
11. Industry or Business MINE CHANGE ROOM

Father
12. Name UNKNOWN FLORES
13. Birthplace SAN FELIPE (City, town or county), MEXICO (State or Country)

Mother
14. Maiden Name LOLA PADILLA
15. Birthplace SAN FELIPE (City, town or county) MEXICO (State or Country)

16. (a) Informant's own signature Alejandro D. Flores
(b) Address TIGER, ARIZONA

17. (a) Burial, Cremation or Removal REMOVAL
(b) Place BISBEE, ARIZ (c) Date 8-4 1942

18. (a) Embalmer's Signature John J. Reilly Jr. [illegible]
(b) Funeral Director Reilly [illegible] Co.
(c) Address Tucson Arizona

19. (a) 8-4-42 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) AUG 3, 1942;
TIME (Hour and minute) 11 55 P.M. M.

21. I hereby certify that I attended the deceased from 11 00 P.M. Aug 3, 1942 to 11 55 P.M. Aug 3, 1942; that I last saw him alive on AUG 3, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION 2-3 days

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 Tiger, Ariz Date signed 8-4-42