

1322

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 76

Registrar's No. 3332

1. Place of Death: (a) County Pima (b) City or Town Miami (c) Location 76 Red Springs Canyon
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 718 27 yrs; in Arizona 50 yrs
(Specify whether years, months or days)

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

(d) Street No. 76 Red Springs Canyon (e) Citizen of foreign country (yes or No) No
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Felicita Marquez Rodriguez (b) If Veteran name war _____

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

6. (b) Name of husband or wife Jorge Rodriguez 6. (c) Age of husband or wife, if alive 53 yrs.

7. Birthdate of deceased (Month) 7 (Day) ? (Year) 1895

8. AGE: Years 50 Months ? Days ? hrs. ? min. ?

9. Birthplace Moravia (City, town or county) (State or Country) Arg.

10. Usual Occupation Restaurant Worker

11. Industry or Business _____

Father { 12. Name Unknown
13. Birthplace _____ (City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown
15. Birthplace _____ (City, town or county) (State or Country)

16. (a) Informant's own signature Angel Benzar
(b) Address 72 Chesler Ave.

17. (a) Burial, Cremation or Removal Burial
(b) Place Cinal Cem. (c) Date April 9 1945

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

19. (a) April 4 1945 (b) Robert D. Brayton (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) April 7 1945
TIME (Hour and minute) 2:30 P.M.

21. I hereby certify that I attended the deceased from March 7 1945 to April 7 1945
that I last saw h. en alive on April 5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION 1 day

PHYSICIAN 7 yrs

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 _____ M. D.

23. Signature Robert D. Brayton Date signed April 4 1945
Address Miami Ariz.