

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **74**

1. Place of Death: (a) County **Gila** (b) City or Town **Globe** (c) Location **Gila General Hospital**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution **about 1 day**; In Community **19 years**; In Arizona **25 years**
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State **Arizona** (b) County **Gila** (c) City or Town **Globe**
(If outside city limits also write RURAL)
(d) Street No. **Highland Drive** (e) Citizen of foreign country (Yes or No)

3. (a) FULL NAME **Tomasa Rodriguez** (b) If Veteran name war **No** (c) Social Security No. **No**

4. Sex **Female** 5. Race **White** Indian Negro Oriental **White** 6. (a) Single, married, widowed or divorced **Widow**

6. (b) Name of husband or wife **Torvelor Rodriguez** 6. (c) Age of husband or wife, if alive **42** yrs.

7. Birthdate of deceased **Feb. 2nd 1903**
(Month) (Day) (Year)

8. AGE: Years **42** Months **5** Days **2**
If less than one day hrs. min.

9. Birthplace **Mexico**
(City, town or county) (State or Country)

10. Usual Occupation **Housekeeper**

11. Industry or Business

Father { 12. Name **Juan Cortez**
13. Birthplace **Mexico**
(City, town or county) (State or Country)

Mother { 14. Maiden Name **No Record**
15. Birthplace **Mexico**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Rose Ruiz**
(b) Address **Globe, Arizona**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Globe, Ariz.** (c) Date **7/7/45** 19

18. (a) Embalmer's Signature **Fred H. Jones**
(b) Funeral Director **Fred H. Jones**
(c) Address **Globe, Arizona**

19. (a) **July 11 - 45**
(Date received Local Registrar)
(b) **[Signature]**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **July 4th 1945**
TIME (Hour and minute) **6:20 AM** M.

21. I hereby certify that I attended the deceased from **July 1**
19 **45** to **July 4** 19 **45**
that I last saw h. **er** alive on **July 4** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac rupture from Coronary thrombosis**
Due to **Myocarditis + Endocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 **Globe Ariz.** Date sign **July 6 - 45**

DURATION **5 days**

PHYSICIAN

Underline the cause to which death should be charged statistically