

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 88

Registrar's No. 60

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

(d) Length of Stay: In Hospital or Institution 2 wks; In Community 30 yrs; In Arizona 40 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. 1139 Sullivan; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Julia Padilla (b) If Veteran name war No (c) Social Security No. None

4. Sex <u>Female</u>	5. Race White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Negro <input type="checkbox"/> Oriental <input type="checkbox"/>	6. (a) Single, married, widowed or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Domarcio Kennedy</u>	6. (c) Age of husband or wife, if alive <u>40</u> yrs.	
7. Birthdate of deceased ? ? 19 <u>01</u>	(Month) (Day) (Year)	
8. AGE: Years <u>45</u> Months Days	If less than one day hrs. min.	
9. Birthplace <u>Moenzie Ariz</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business		
Father { 12. Name <u>George Padilla</u>		
13. Birthplace <u>Alamogordo N. Mex</u> (City, town or county) (State or Country)		
Mother { 14. Maiden Name <u>Martinez</u>		
15. Birthplace <u>Unknown</u> (City, town or county) (State or Country)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 17, 1946
TIME (Hour and minute) 1:05 a.m.

21. I hereby certify that I attended the deceased from Sept 5, 1946 to Sept 17-46, 1946
that I last saw h. alive on Sept 17-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction

Due to Obstructive Pulmonary Disease

Due to Coronary Artery Disease

Other conditions (Include pregnancy within three months of death)

Major findings of operations Chronic Cholecystitis, Cholelithiasis, Atherosclerosis of the Heart

DURATION 48 hrs

62 hrs

3 yrs

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 [Address] Date signed Sept 17 1946

16. (a) Informant's own signature [Signature]
(b) Address Tucson Ariz

17. (a) Burial, Cremation or Removal Interment
(b) Place St. Mary's (c) Date Sept 20, 1946

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

19. (a) Sept 30, 1946
(Date received Local Registrar)
(b) Nelson W. Brayton
(Registrar's Signature) P.B.