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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 87
Registrar's No. 54

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

(d) Length of Stay: In Hospital or Institution ✓; In Community ✓; In Arizona (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. 9229 Pine Road; (e) Citizen of foreign country (Yes or No) No. If Yes, which country

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

4. Sex: Female

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased June (Month) 29 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. ____ min. ____

9. Birthplace Globe (City, town or county) Ariz. (State or Country)

10. Usual Occupation —

11. Industry or Business —

Father
12. Name George Bodiroga
13. Birthplace Wickenburg (City, town or county) Ariz. (State or Country)

Mother
14. Maiden Name Helen J. Davis
15. Birthplace Miami (City, town or county) Ariz. (State or Country)

16. (a) Informant's own signature George Bodiroga
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Buried
(b) Place Pine Cem. (c) Date June 30 1947

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director [illegible]
(c) Address Miami Ariz.

19. (a) June 30-47 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 29, 1947;
TIME (Hour and minute) 5:10 A. M.

21. I hereby certify that I attended the deceased from June 29-47, 19__ to June 29, 1947; that I last saw her ~~alive~~ on June 29, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Separation of Placenta due to a fall from horse.

Due to Stillborn infant.

Due to 7 months gestation

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations None

Of autopsy None

DURATION 48 hours.

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) NO
(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 [illegible] M. D.
Address Miami Ariz. Date signed 6-30-47

s 40M—100% Rag—6-45