

STANDARD CERTIFICATE OF DEATH  
 FEDERAL SECURITY AGENCY  
 U.S. PUBLIC HEALTH SERVICE  
 NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS

State File No. **3197**  
 Registrar's No. **34**  
 Location **Mex. Can.**  
 (St. & No. (or) Name of Institution)

1. Place of Death: (a) County **Gila** (b) City or Town **Miami** (c) Location **Mex. Can.**  
 (If outside city limits also write RURAL) In Arizona **1 yr.**  
 (d) Length of Stay: In Hospital or Institution **none**; In Community **1 yr.**  
 (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. **Mex. Cañon** (e) Citizen of foreign country (Yes or No) **No**  
 If Yes, which country \_\_\_\_\_ (c) Social Security No. **none**  
 3. (a) FULL NAME **Apolonia N. Rivera** (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 **Widowed**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
 7. Birthdate of deceased **April 8 1900**  
 (Month) (Day) (Year)  
 8. AGE: Years **48** Months **2** Days **3** hrs. min.  
 9. Birthplace **Presidio Texas** (City, town or county) (State or Country)  
 10. Usual Occupation **Housewife**  
 11. Industry or Business \_\_\_\_\_  
 12. Name **Santos Valdes**  
 13. Birthplace **Colorado** (City, town or county) (State or Country)  
 14. Maiden Name **Juliana Natividad**  
 15. Birthplace **Shafter Texas** (City, town or county) (State or Country)

16. (a) Informant's own signature **Mercy W. Valdes**  
 (b) Address **Miami Ariz.**  
 17. (a) Burial, Cremation or Removal **Burial**  
 (b) Place **Miami Ariz.** (c) Date **June 17 1948**  
 18. (a) Embalmer's Signature \_\_\_\_\_ (b) Funeral Director \_\_\_\_\_  
 (c) Address \_\_\_\_\_  
 19. (a) \_\_\_\_\_ Date received Local Registrar \_\_\_\_\_  
 (b) **Arroyo D. Boyler** (Registrar's Signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH (Month, day and year) **June 11 1948**  
 TIME (Hour and minute) **10:40 P.M.**  
 21. I hereby certify that I attended the deceased from **June 11 1948**  
 to **June 11 1948**  
 that I last saw her alive on **June 11 1948**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Due to **Convulsory Tuberculosis**  
**Chronic Rheumatism**  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

DURATION  
**1 day**  
**2 years**  
 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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature **Arroyo D. Boyler** Date signed **June 20 1948**  
 Address **Miami Ariz.**