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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

6448

State File No. _____

Registrar's No. 117

Location Globe General Hospital

(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Globe General Hospital
(If outside city limits also write RURAL) 16 yrs. (Specify whether years, months or days)

(d) Length of Stay: In Hospital or Institution _____; In Community 1 month; In Arizona 16 yrs.

2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town _____
(If outside city limits also write RURAL)

(d) Street No. 914 Live Oak Street (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME Baby Boy Rodriguez (b) If veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White Indian Negro Oriental

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

7. Birthdate of deceased Sept. 18 1948
(Month) (Day) (Year)

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

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

10. Usual Occupation _____

11. Industry or Business _____

12. Name Danny Padilla

13. Birthplace unknown unknown
(City, town or county) (State or Country)

14. Maiden Name Rita Rodriguez

15. Birthplace unknown unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Records
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Prud. Cem. Tex. (c) Date Oct. 18 1948

18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

19. (a) _____
(b) Jane Wankler
(Registrar's Signature)

(Date received Local Registrar) Dec. 10 1948

(Registrar's Signature) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 18 1948
TIME (Hour and minute) 10:15 PM

21. I hereby certify that I attended the deceased from Sept. 18
1948 to Oct. 18 1948
that I last saw him alive on Oct. 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth (7 months)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION

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 _____ (Specify type of place)

23. Signature Walter M. B... M. D.
Address Globe, Ariz. Date signed 10.26.48