

1459

592X

605

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

10

04 X OF DEATH 19 ND X RESIDENCE 6.	1. PLACE OF DEATH A. COUNTY <u>DeLa</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Oregon</u> B. COUNTY <u>DeLa</u>				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Globe</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 yrs. 2 yrs.</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Globe</u>				
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Braun Vista St.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Braun Vista St - P.O. Box 737</u>				
2 1 2 202 1. 249	3. NAME OF DECEASED (TYPE OR PRINT) <u>Infant Isabel Perida Navarro</u>			4. SEX <u>Female</u>		5. COLOR OR RACE <u>Prof white</u>			
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH <u>Nov 19 1946</u>		8. AGE <u>2</u> YEARS <u>3</u> MONTHS <u>12</u> DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Infant</u>		
	9B. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Oregon</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		
	13A. FATHER'S NAME <u>Rodalago Navarro</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		15A. MOTHER'S MAIDEN NAME <u>Josephina Perida</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		
16. INFORMANT'S SIGNATURE <u>Mr. Rodalago Navarro</u>				17. DATE OF DEATH <u>Feb. 1 - 1949</u>				13. SOCIAL SECURITY NO. <u>None</u>	
CAUSE OF DEATH M 18)	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) <u>Chronic nephritis</u>				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>				
	*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.				II. OTHER SIGNIFICANT CONDITIONS				
	PLACE DISEASE CONTRACTED.				CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
OPERATIONS, TOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)				
CAUSE OF DEATH M 18)	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept. 10, 1948</u> TO <u>Feb. 1, 1949</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb. 1, 1949</u> . AND THAT DEATH OCCURRED AT <u>3:25 p.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
MEDICAL CERTIFICATION	23A. SIGNATURE <u>Alexander J. Gusse M.D.</u>		23B. ADDRESS <u>Stake, Oregon</u>		23C. DATE SIGNED <u>Feb. 3 1949</u>				
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Feb. 4 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Oregon</u>		
GENERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>Feb. 3-49</u>		25B. REGISTRAR'S SIGNATURE <u>Gene Wausche</u>		26. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Frank B. Neale 328 S. Hwy 44 Globe Ariz.</u>				