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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO.  
REGISTRAR'S NO. 3

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1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz</i> B. COUNTY <i>Gila</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Miami</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Miami</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>St. Louis Hotel Cafe</i>		D. STREET ADDRESS <i>6257 Nixon Oaks St</i>	
3. NAME OF DECEASED: A. (FIRST) <i>Trinidad</i> B. (MIDDLE) <i>Monty</i> C. (LAST) <i>Rodriguez</i>		4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>7</i> YEAR <i>1917</i>	B. AGE YEARS <i>32</i> MONTHS <i>7</i> DAYS <i>7</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED). <i>Plumber</i>
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>	11. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> Mexico	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES. WAR OR DATES OF SERVICE) <i>no</i>
14A. FATHER'S NAME <i>Rodriguez</i>	14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME <i>Unknown</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>
16. INFORMANT'S SIGNATURE <i>Paul R. Rodriguez</i> ADDRESS <i>1617 Zamarca Rd Redondo Beach</i>		17. DATE OF DEATH (MONTH) <i>Jan</i> (DAY) <i>10</i> (YEAR) <i>1949</i>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Bad heart</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Alcoholic</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
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?		21C. (CITY OR TOWN) (COUNTY) (STATE)	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>John Carpenter</i>		23B. ADDRESS <i>Miami</i>	
23C. DATE SIGNED <i>1-15-49</i>		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz</i>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Jan 18, 1949</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Pinel Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz</i>	
25A. DATE REC'D BY LOCAL REG. <i>Jan 15 1949</i>		25B. REGISTRAR'S SIGNATURE <i>Paul R. Rodriguez</i>	
25C. DATE REC'D BY LOCAL REG. <i>Jan 15 1949</i>		25D. REGISTRAR'S SIGNATURE <i>Paul R. Rodriguez</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>Paul R. Males</i>		26. FUNERAL DIRECTOR'S ADDRESS	