

046

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2871

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 96

0298
F DEATH
NO
RESIDENCE
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1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Rural		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Rural	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 20 yr		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 43 mi. N. of Douglas. In Cochise County	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 43 mi. N. of Douglas, Ariz.			

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3. NAME OF DECEASED (TYPE OR PRINT) Julian C. Rendon			4. SEX Male	5. COLOR OR RACE American Mexican
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Apr DAY 24 YEAR 1908	8. AGE YEARS 40 MONTHS 1 DAYS 24	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer Forest Service	9B. SOCIAL SECURITY NO. 527-18-8330
9B. KIND OF BUSINESS OR INDUSTRY Forest	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico.	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes, World War II	13. SOCIAL SECURITY NO. 527-18-8330
14A. FATHER'S NAME ? unknown	14B. BIRTHPLACE (STATE OR COUNTRY) -	15A. MOTHER'S MAIDEN NAME ? unknown	15B. BIRTHPLACE (STATE OR COUNTRY) -	

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16. INFORMANT'S SIGNATURE Rosalina R. Rendon		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 18 1949	
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, ASTHMA, 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) Heart failure, ANTECEDENT CAUSES DUE TO (b) Unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Fightin Forest Fire,	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	

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20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) U.S. Forest,	21C. (CITY OR TOWN) (COUNTY) (STATE) Cochise Ariz,
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

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CATION

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 **5 A.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

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23A. SIGNATURE (DEGREE OR TITLE) W.A. Ash, coroner	23B. ADDRESS Douglas, Arizona,	23C. DATE SIGNED June-19-49
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE June 23, 1949	24C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Cochise Co. Ariz.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Edouard Brown Embalmer 238	