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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3395

CERTIFICATE OF DEATH

REGISTRAR'S NO.

35

04 94 DEATH 61 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami (Rural)</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Miami (Rural)</i>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>13 yrs. 13 mos.</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i># 2 Railroad Ave. Miami</i>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i># 2 Railroad Ave. Lower Miami</i>			
2 1 3 ENT NAL A 172 7 749 x	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Juanita</i> B. (MIDDLE) <i>N.</i> C. (LAST) <i>Rivera</i>			4. SEX <i>Female</i>
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED			5. COLOR OR RACE <i>White</i>
	7. DATE OF BIRTH MONTH <i>July</i> DAY <i>22</i> YEAR <i>1926</i>		B. AGE YEARS <i>72</i> MONTHS <i>11</i> DAYS <i>9</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>domestic</i>
	9B. KIND OF BUSINESS OR INDUSTRY <i>domestic</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Texas</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
180 TH 18)	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO. <i>none</i>	
	14A. FATHER'S NAME <i>Carlos Herrera</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>unknown</i>	15A. MOTHER'S MAIDEN NAME <i>Diega Ramos</i>
	15B. BIRTHPLACE (STATE OR COUNTRY) <i>unknown</i>		16. INFORMANT'S SIGNATURE <i>Joe Rivera</i> ADDRESS <i>Miami Arizona</i>	
	17. DATE OF DEATH (MONTH) <i>July</i> (DAY) <i>1</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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	
19A. DATE OF OPERATION <i>1946</i>		19B. MAJOR FINDINGS OF OPERATION <i>Metastatic ca of breast -</i>		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.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
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 <i>July 20 1949</i> TO <i>July 1 1949</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>July 1 1949</i> AND THAT DEATH OCCURRED AT <i>6:05 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE (DEGREE OR TITLE) <i>Robert N. Brown, M.D.</i>		23B. ADDRESS <i>Miami, Arizona</i>		23C. DATE SIGNED <i>5 July 49</i>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>July 4, 1949</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami, Arizona</i>		25. DATE RECORDED BY <i>July 27 49</i>		
25B. REGISTRAR'S SIGNATURE <i>Artesa D. Brayton</i>		26. GENERAL DIRECTOR'S SIGNATURE <i>J. H. Hale</i>		