

2243

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 9170
CERTIFICATE OF DEATH

STATE FILE NO. 5516

REGISTRAR'S NO. 70

5-05
76 DEATH
303 RESIDENCE

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY Graham
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Safford
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 yrs 9 mos
D. FULL NAME OF HOSPITAL OR INSTITUTION Morris-Squibb

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Ariz.
B. COUNTY Graham
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Safford, Ariz. Rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 920 8th Ave/

3. NAME OF DECEASED
A. (FIRST) Richard
B. (MIDDLE)
C. (LAST) Dominguz
4. SEX M
5. COLOR OR RACE W

6. MARRIED (TYPE OR PRINT)
NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH Aug. 09 1947
8. AGE YEARS 2 MONTHS 9 DAYS
9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) XX

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Safford Ariz.
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) NO
13. SOCIAL SECURITY NO. NO

14A. FATHER'S NAME Giulilomo Dominguz
14B. BIRTHPLACE (STATE OR COUNTRY) Ariz.
15A. MOTHER'S MAIDEN NAME Emma Garcia
15B. BIRTHPLACE (STATE OR COUNTRY) New Mex.

16. INFORMANT'S SIGNATURE & Address
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 9th 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) 2nd & 3rd Degree Steam Burns 1/2 the body
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND DEATH 4 hours

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21A. ACCIDENT (SPECIFY) suicide HOMEKIDNAP accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) home
21C. (CITY OR TOWN) (COUNTY) (STATE) Safford Graham Ariz
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 11/9/49 4P M
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR? Fell in tub of boiling water.

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/9 1949 TO 11/9 1949, AND THAT DEATH OCCURRED AT 6 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE Dr. Nelson M. M. Safford Ariz
23B. ADDRESS Safford Ariz
23C. DATE SIGNED Nov. 10-49

24A. BURIAL CREMATION REMOVAL
24B. DATE Nov 16
24C. NAME OF CEMETERY OR CREMATORY Union Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Ariz

25A. DATE REC'D BY LOCAL REG. Nov 10-49
25B. REGISTRAR'S SIGNATURE J. N. Hutton M.D. Deputy C. H. Rappley
26. FUNERAL DIRECTOR'S SIGNATURE W. C. Rawson Safford, Ariz
27. EMBALMER'S SIGNATURE W. C. Rawson Safford, Ariz
CERT. NO. 1162.

FORM VS 2 REV. 4-49 15M

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