

Dr. Jacobs

CERTIFICATE OF DEATH

REGISTRAR'S NO. 15

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE	
	A. COUNTY <i>Dila</i>		A. STATE <i>Ariz.</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN <i>Miami</i> )		B. COUNTY <i>Dila</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>0</i> <i>0</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Miami</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <i>Miami - Ins. Hosp.</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>1003 Live Oak St.</i>	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE
	A. (FIRST) <i>Anita</i>			<i>Female</i>	<i>White</i>
	B. (MIDDLE)			C. (LAST) <i>Rojas</i>	
	(TYPE OR PRINT)				
	6. MARRIED - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH		8. AGE
		<i>Mar. 1, 1950</i>		<i>0</i> <i>0</i> <i>0</i>	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
14A. FATHER'S NAME <i>Arnold Rojas</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Miami Ariz.</i>		15A. MOTHER'S MAIDEN NAME <i>Lucy Aschuleta</i>	
16. INFORMANT'S SIGNATURE <i>Arnold S. Rojas</i>			17. DATE OF DEATH		13. SOCIAL SECURITY NO. <i>None</i>
ADDRESS <i>Miami Ariz.</i>			<i>Mar. 1, 1950</i>		

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Uterine Apoplexy: Stillbirth</i>		<i>Sudden</i>
	*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (b): <i>Pre Eclampsia</i>		<i>24 hours</i>
PLACE DISEASE CONTINUED.		DUE TO (c): <i>Nephritis -</i>		<i>1 year</i>	
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DEATH DUE TO EXTERNAL VIOLENCE	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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>3/1</i> <i>1950</i> TO <i>3/1</i> <i>1950</i> THAT I LAST SAW THE DECEASED <i>NAME ON 3/1</i> <i>1950</i> AND THAT DEATH OCCURRED AT <i>9:00 A.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <i>J. Jacobs M.D.</i>	23B. ADDRESS <i>Miami Ariz.</i>	23C. DATE SIGNED <i>3/4/50</i>

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Mar. 3, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Prudal Cem.</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
	25A. DATE REC'D BY LOCAL REG. <i>Mar 6 1950</i>	25B. REGISTRAR'S SIGNATURE <i>Armando P. Bampton</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>J. Jacobs</i>	27. FUNERAL DIRECTOR'S ADDRESS <i>Miami Ariz.</i>