

Burgess

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

654 A

CERTIFICATE OF DEATH

04 04 2F DEATH 25 X RESIDENCE 5	1. PLACE OF DEATH			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).		
	A. COUNTY <i>DeLa</i>			A. STATE <i>Ariz.</i> B. COUNTY <i>DeLa</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>34 yrs</i> <i>34 yrs.</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <i>3314 Loomis Ave.</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>3314 Loomis Ave.</i>		
42 4 + 3 168 8 250	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE	
	A. (FIRST) <i>Jesus</i> B. (MIDDLE) <i>P.</i> C. (LAST) <i>Rocha</i>			<i>Female</i>	<i>White</i>	
	6. MARRIED - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH		
	7. DATE OF BIRTH MONTH <i>May</i> DAY <i>6</i> YEAR <i>1951</i>			8. AGE YEARS <i>68</i> MONTHS <i>8</i> DAYS <i>1</i>		
18 0 0	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Domestic</i>		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>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>		11. CITIZEN OF WHAT COUNTRY? <i>Mexico</i>	
	14A. FATHER'S NAME <i>Remigio Perez</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mex.</i>		15A. MOTHER'S MAIDEN NAME <i>Traniscia Herrera</i>	
	14C. BIRTHPLACE (STATE OR COUNTRY) <i>Mex.</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mex.</i>			
20 0 0	16. INFORMANT'S SIGNATURE <i>Benjamin Rocha</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Feb. 7 1950</i>		
	ADDRESS <i>Miami Ariz.</i>					
	18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
	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 CONTRACTION.			I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		
2 1 1 1	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>no</i>		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?	
1 1	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Feb. 9 1950</i> TO <i>Feb. 9 1950</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Feb. 7 1950</i> AND THAT DEATH OCCURRED AT <i>7:30 AM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <i>M. Burgess MD</i>		23B. ADDRESS <i>Miami Ariz</i>		23C. DATE SIGNED <i>2-9-1950</i>	
	24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Feb. 11, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>	
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19 AND 2 13 50	25A. DATE REC'D BY LOCAL REG. <i>Feb 13 50</i>		25B. REGISTRAR'S SIGNATURE <i>Renou D. Braxton</i>		25C. DATE SIGNED <i>2-9-1950</i>	
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