

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **3120**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **1117**

7-974 F. DEATH 4 RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 yr. 92 yrs.			
	D. FULL NAME OF HOSPITAL OR INSTITUTION 3309 E. Washington St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 3309 E. Washington St.			
4 ENT INAL 3 TA 193 1 650	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Loretta B. (MIDDLE) Yanez C. (LAST) MADRID			4. SEX female		
	5. COLOR OR RACE white					
	6. MARRIED (NEVER MARRIED WIDOWED) <input type="checkbox"/> (DIVORCED) <input checked="" type="checkbox"/>		7. DATE OF BIRTH (MONTH) 6 (DAY) 24 (YEAR) 1856			
	8. AGE (YEARS) 93 (MONTHS) 11 (DAYS) 13		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife			
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U. S. A.		
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. none				
14A. FATHER'S NAME Raefel Yanez		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME unknown		
15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		16. INFORMANT'S SIGNATURE Mrs. Marjorie E. Davis, 3305 E. Washington		17. DATE OF DEATH (MONTH) June (DAY) 7 (YEAR) 1950		
4200 ISE TH 18)	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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Intermittent heart disease ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) 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. Fracture Right Hip (May 15, 50)		INTERVAL BETWEEN ONSET AND DEATH Unknown	
	19A. DATE OF OPERATION May 17, 50		19B. MAJOR FINDINGS OF OPERATION Fracture Right Hip		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT (SPECIFY) Unknown		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Unknown		21C. CITY OR TOWN; (COUNTY); (STATE) Mesa, Ariz	
CAL NER'S ATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY May 15, 50 ? M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Patent Fall	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 17, 50 TO June 7, 1950 THAT I LAST SAW THE DECEASED ALIVE ON June 7, 1950 AND THAT DEATH OCCURRED AT 4:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
CAL FOR RAR	23A. SIGNATURE L. J. J. J. J.		23B. ADDRESS 8001 First Ave		23C. DATE SIGNED 6/8/50	
	24A. BURIAL (CREMATION) <input checked="" type="checkbox"/> (REMOVAL) <input type="checkbox"/>		24B. DATE 6/10/50		24C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona		25A. DATE REC'D BY LOCAL REG. 6/9/50		25B. REGISTRAR'S SIGNATURE Beulah Johnston		
25C. FUNERAL DIRECTOR'S SIGNATURE H. R. J. J.		25D. ADDRESS Grimshaw Mortuary		27. EMBALMER'S SIGNATURE J. Ward Jufford		
27. ADDRESS 334 WEST MONROE PHOENIX, ARIZONA		CERT. NO. 279 P.				