

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3436

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 40

DEATH EVIDENCE	1. PLACE OF DEATH A. COUNTY Greenlee			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Greenlee		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Morenci			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Morenci		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 137 A Hill			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 137 "A" Hill		
	3. NAME OF DECEASED A. (FIRST) Pabla B. (MIDDLE) Esparza C. (LAST) Diaz			4. SEX Female		5. COLOR OR RACE White
IDENTIFICATION	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 1 DAY 15 YEAR 78		8. AGE YEARS 72 MONTHS 6 DAYS 12	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife		9B. KIND OF BUSINESS OR INDUSTRY Home		9C. CITIZEN OF WHAT COUNTRY? Mexico ✓	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY? Mexico ✓		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 Francisco Esparza		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
15A. MOTHER'S MAIDEN NAME Polsiliana Diaz		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		16. INFORMANT'S SIGNATURE Celestino Diaz,		
17. DATE OF DEATH (MONTH) July (DAY) 27 (YEAR) 1950		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cardiac failure				

MEDICAL CERTIFICATION	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) Senility		
	DUE TO (c)		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	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?

I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **July 26, 1950** TO **July 27, 1950** AND THAT DEATH OCCURRED AT **2:00 PM** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Guy Steinkland	(DEGREE OR TITLE) Coroner	23B. ADDRESS Morenci, Arizona	23C. DATE SIGNED July 27, 50
---	-------------------------------------	---	--

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE July 29, 1950	24C. NAME OF CEMETERY OR CREMATORY Fraternal	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Morenci, Arizona
25A. DATE REC'D BY LOCAL REG. July 27, 1950	25B. REGISTRAR'S SIGNATURE Guy Steinkland	26. FUNERAL DIRECTOR'S SIGNATURE J. McMillan 166A Clifton Ave	