

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 217

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>A. COUNTY<br><b>Maricopa</b> | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN)<br><b>Mesa</b> | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA<br><b>8 days 50 yrs</b> | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).<br>A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b> |
|   |   |  | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN<br><b>Chandler</b>   |
|   |   |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)<br><b>Saragosa Street</b>   |

|  |   |   |  |  |
|--|---|---|--|--|
| 3. NAME OF DECEASED<br>A. (FIRST) <b>Jose</b> B. (MIDDLE) C. (LAST) <b>ZUNIGA</b>  |   |   | 4. SEX<br><b>male</b>  | 5. COLOR OR RACE<br><b>Mexican</b>                     |
| 6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 7. DATE OF BIRTH<br>MONTH <b>about</b> DAY <b>1892</b> YEAR <b>58</b> | 8. AGE<br><b>Apprx.</b>   | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).<br><b>Cotton picking contractor</b> | 9B. KIND OF BUSINESS OR INDUSTRY<br><b>Agriculture</b> |
| 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br><b>Mexico</b>   | 11. CITIZEN OF WHAT COUNTRY?<br><b>unknown</b>                        | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)<br><b>no</b> | 13. SOCIAL SECURITY NO.<br><b>none</b>   | 14A. FATHER'S NAME<br><b>unknown</b>                   |
| 14B. BIRTHPLACE (STATE OR COUNTRY)<br><b>Mexico</b>  | 15A. MOTHER'S MAIDEN NAME<br><b>unknown</b>                           | 15B. BIRTHPLACE (STATE OR COUNTRY)<br><b>Mexico</b>   | 16. INFORMANT'S SIGNATURE<br><b>Geneviva Zuniga, wife, Chandler, Ariz</b>  |  |

|   |   |  |   |   |
|---|---|--|---|---|
| 17. DATE OF DEATH<br>(MONTH) (DAY) (YEAR)<br><b>November 11, 1950</b> | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).<br>†THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br>PLACE DISEASE CONTRACTIONS. |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>intestinal obstruction</b><br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.<br>DUE TO (b) <b>adhesions</b><br>DUE TO (c) <b>duodenal dysentery</b><br>2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.<br><b>anemia</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>about 2 wks.</b> |
|---|---|--|---|---|

|   |  |   |
|---|--|---|
| 19A. DATE OF OPERATION<br><b>Nov 10/50</b>      | 19B. MAJOR FINDINGS OF OPERATION<br><b>intestinal obstruction - pelvic abscess</b>                     | 20. AUTOPSY?<br>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?  |

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **12:05** 19\_\_\_ TO \_\_\_ 19\_\_\_ THAT I LAST SAW THE DECEASED ALIVE ON \_\_\_ 19\_\_\_ AND THAT DEATH OCCURRED AT \_\_\_ FROM THE CAUSES AND ON THE DATE STATED ABOVE.

|   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| 23A. SIGNATURE<br><b>Charles T. von Pohl, Jr.</b> | 23B. ADDRESS<br><b>Chandler</b> | 23C. DATE SIGNED<br><b>11-17-50</b> |
|---|---------------------------------|-------------------------------------|

|   |   |   |   |
|---|---|---|---|
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 24B. DATE<br><b>11-14-50</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mesa Cemetery</b>                  | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br><b>Mesa, Arizona</b> |
| 25A. DATE REC'D BY LOCAL REG.<br><b>11-17-50</b>  | 25B. REGISTRAR'S SIGNATURE<br> | 26. FUNERAL DIRECTOR'S SIGNATURE<br><b>Hausner Mortuary, Chandler, Ariz</b> | 27. EMPALMER'S SIGNATURE<br><b>Jack Hausner</b>                       |