

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz.</u> B. COUNTY <u>Maricopa</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Miami</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Miami</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <u>Miami Ins. Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>78 Miami Ave.</u>		
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Baby</u> B. (MIDDLE) <u>Manuel</u> C. (LAST) <u>Rodriguez</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>White</u>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Jan.</u> DAY <u>2</u> YEAR <u>1951</u>	8. AGE YEARS <u>0</u> MONTHS <u>0</u> DAYS <u>0</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>none</u>	
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Miami Ariz.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	13. SOCIAL SECURITY NO. <u>none</u>
	14A. FATHER'S NAME <u>D. Rodriguez</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Juana Ramirez</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Ill.</u>	
	16. INFORMANT'S SIGNATURE <u>D. Rodriguez</u> ADDRESS <u>Miami Ariz.</u>		17. DATE OF DEATH MONTH <u>Jan.</u> DAY <u>2</u> YEAR <u>1951</u>	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Stillborn</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>maternal hypertension</u> DUE TO (c) 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 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 (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?	
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 2, 1951</u> TO <u>Jan 2, 1951</u> THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <u>D. Rodriguez</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Box 623 Miami Ariz. 1-4-51</u>		
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Jan 3, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Peñal Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami Ariz.</u>	
	25A. DATE REC'D BY LOCAL REG. <u>Jan 10 1951</u>	25B. REGISTRAR'S SIGNATURE <u>Arceou D. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rita S. Miles</u> ADDRESS <u>Miami Ariz.</u> 27. EMBALMER'S SIGNATURE <u>Hal M. Clontz</u> CERT. NO. <u>314</u>	