

Burgess

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1337

CERTIFICATE OF DEATH

4 OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>DeLa</i>			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz</i> B. COUNTY <i>DeLa</i>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE 'RURAL') <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>5 yr.</i> <i>5 yr.</i>				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>909 Sullivan</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>909 Sullivan</i>			
4 IDENT ONAL ATA 90 T 251	3. NAME OF DECEASED A. (FIRST) <i>Wencelada</i> B. (MIDDLE) <i>Nava</i> C. (LAST) <i>Rodriguez</i>			4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>		
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>about</i> DAY <i>1861</i> YEAR <i>90</i>		8. AGE YEARS MONTHS DAYS		
	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Domestic</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>		11. CITIZEN OF WHAT COUNTRY? <i>Mexico</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>		14. FATHER'S NAME <i>Gerardo Rodriguez</i>		
481X USE OF BIRTH (18)	14A. FATHER'S NAME <i>Gerardo Rodriguez</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		15A. MOTHER'S MAIDEN NAME <i>Victoriana Nava</i>		
	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		16. INFORMANT'S SIGNATURE <i>Mateas Rodriguez</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Feb. 25 1951</i>		
ACTIONS, OPSY BIRTH TO FURNAL ENCE CAL ONER'S ICATION	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRAICTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Influenza</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Sensitivity</i>			
	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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Saw</i> on <i>2-25</i> , 19 <i>51</i> TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON <i>9-25</i> , 19 <i>51</i> , AND THAT DEATH OCCURRED AT <i>8:00</i> P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE (DEGREE OR TITLE) <i>W. Burgess M.D.</i>			23B. ADDRESS <i>Miami Arizona</i>		23C. DATE SIGNED <i>2-27-1951</i>		
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE <i>Feb. 28, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Quinal Cem.</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>	
25A. DATE REC'D BY LOCAL REG. <i>Feb 1 1951</i>		25B. REGISTRAR'S SIGNATURE <i>Arson D. Boyton</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Gite B. Miles</i>		27. EMBALMER'S SIGNATURE <i>Hal M. Conte</i>	
27. EMBALMER'S SIGNATURE <i>Hal M. Conte</i>		CERT. NO. <i>314</i>					

720826