

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2681

CERTIFICATE OF DEATH

BIRTH NO. 2977

REGISTRAR'S NO.

39.

4 DEATH 8 SIDENCE	1. PLACE OF DEATH A. COUNTY <i>Pima</i>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Pima</i>				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Globe</i> )			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>2 days life</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Winkelman</i>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Globe General Hospital</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Box 74 - 1st + Randal st</i>				
3 INT NAL A 203 0 551	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Refugio</i> B. (MIDDLE) <i>Valenzuela</i> C. (LAST) <i>Miranda</i>			4. SEX <i>male</i>	5. COLOR OR RACE <i>Mex</i>				
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>Feb</i> DAY <i>20</i> YEAR <i>1951</i>		8. AGE YEARS <i>3</i> MONTHS <i>3</i> DAYS <i>X</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>infant</i>		IF UNDER 24 HOURS HOURS <i>X</i> MIN. <i>X</i>		
	9B. KIND OF BUSINESS OR INDUSTRY <i>infant</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ray, Arizona</i>	11. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO. <i>none</i>		
	14A. FATHER'S NAME <i>Refugio Valenzuela Miranda</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mammoth</i>		15A. MOTHER'S MAIDEN NAME <i>Helen Soqui Valenzuela</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Globe, Arizona</i>		
	16. INFORMANT'S SIGNATURE (Mother) <i>Winkelman, Ariz.</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>May 23 1951</i>		2.48 a.m.		
5710 SE H 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i> gastroenteritis</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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.								
ONS, SY 2 H FO IAL ICE	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)				
AL NER'S ATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>May 22 1951</i> TO <i>May 23 1951</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>May 22 1951</i> AND THAT DEATH OCCURRED AT <i>2.48 AM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
AL OR AR	23A. SIGNATURE <i>Walter M. O. Swin M. O.</i>		23B. ADDRESS <i>Globe</i>		23C. DATE SIGNED <i>5-23-51</i>				
	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>May 23 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mountain View Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Winkelman, Arizona</i>		
25A. DATE REC'D BY LOCAL REG. <i>5-23-51</i>		25B. REGISTRAR'S SIGNATURE <i>Irene Wausley</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Gene James Walker, Jr. Globe, Arizona</i>		27. EMBALMER'S SIGNATURE <i>Jack James Walker #323</i>			