

CERTIFICATE OF DEATH

REGISTRAR'S NO. 20

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1. PLACE OF DEATH A. COUNTY <i>Sila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Maricopa</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Claypool</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Claypool</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>10 Groves Care</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>10 Groves Care</i>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Mary</i> B. (MIDDLE) <i>Ester</i> C. (LAST) <i>Miranda</i>		4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>March</i> DAY <i>25</i> YEAR <i>1957</i>	8. AGE YEARS MONTHS DAYS <i>0 1 11</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>none</i>
9B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES. WAR OR DATES OF SERVICE) <i>no no</i>
14A. FATHER'S NAME <i>Manuel Rubio</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Miami Ariz.</i>	15A. MOTHER'S MAIDEN NAME <i>Belen Miranda</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Metal Ariz.</i>
16. INFORMANT'S SIGNATURE <i>Belen Miranda</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>May 6 1951</i>	
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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Atelectasis</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Blue Baby</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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 M <input checked="" type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>March 25</i> , 19 <i>51</i> TO <i>May 6</i> , 19 <i>51</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>May 1</i> , 19 <i>51</i> AND THAT DEATH OCCURRED AT <i>3 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>M. Burgess</i>		23B. ADDRESS <i>Miami, Ariz.</i>	
23C. DATE SIGNED <i>5-7-51</i>		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>	
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE <i>May 7, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oural Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>	
25A. DATE REC'D BY LOCAL REG. <i>May 10 1951</i>		25B. REGISTRAR'S SIGNATURE <i>Kevin D. Brayton</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		26. ADDRESS <i>[Address]</i>	
27. EMBALMER'S SIGNATURE <i>[Signature]</i>		CERT. NO. <i>244</i>	