

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4078

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1513

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Wickenburg	
C. LENGTH OF STAY IN THIS PLACE (IF IN ARIZONA) 2 Mo 45 Yrs			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARICOPA COUNTY HOSPITAL		D. STREET ADDRESS Box 53 (IF RURAL, GIVE LOCATION)	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) GUY B. (MIDDLE) Gajo C. (LAST) BODIROGA,			4. SEX MALE	5. COLOR OR RACE WHITE
6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH DAY YEAR April 7 86	8. AGE YEARS MONTHS DAYS 65 2 ?	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Miner
9B. KIND OF BUSINESS OR INDUSTRY Gold	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) UNK	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO	13. SOCIAL SECURITY NO. UNK
14A. FATHER'S NAME UNK		14B. BIRTHPLACE (STATE OR COUNTRY) UNK	15A. MOTHER'S MAIDEN NAME UNK	
15B. BIRTHPLACE (STATE OR COUNTRY) UNK		16. INFORMANT'S SIGNATURE Hospital Records		
17. DATE OF DEATH (MONTH) (DAY) (YEAR) JULY 2, 1951				

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.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Silico tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		
	3. 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"/>
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 **June 29, 1951** TO **July 2, 1951** THAT I LAST SAW THE DECEASED ALIVE ON **June 30, 1951** AND THAT DEATH OCCURRED AT **6:20 A.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS Professional 7-2-51	23C. DATE SIGNED 7-2-51
--------------------------------------	--	-----------------------------------

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE July 5, 1951	24C. NAME OF CEMETERY OR CREMATOR Wickenburg Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg, Ariz.
25A. DATE REC'D BY LOCAL REG. 7/5/51	25B. REGISTRAR'S SIGNATURE Ruth A. Grimes Deputy	26. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger	
27. EMBALMER'S SIGNATURE <i>[Signature]</i>		CERT. NO. 150	

27
OF DEATH
AND
RESIDENCE
5
EDENT
PERSONAL
DATA
165
X
751
001 X
AUSE
OF
DEATH
EM 18)
2
2
ATIONS
TOPSY
7
EATH
E TO
ERNAL
LENCE
MEDICAL
DRONER'S
FICATION
NERAL
ECTOR
AND
ISTRAR
85
2
650006