

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4228

CERTIFICATE OF DEATH

REGISTRAR'S NO.

738

DEATH D-44 SIDENCE 5	1. PLACE OF DEATH A. COUNTY Pima		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pima		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Tucson		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson,		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 648 So. Meyer		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 648 So. Meyer,		
49 ENT NAL A 157 8 751	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Bernarda B. (MIDDLE) C. (LAST) Figueroa			4. SEX female	5. COLOR OR RACE white,
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 7 DAY 3 YEAR 1951	B. AGE YEARS 51 MONTHS 5 DAYS 3	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife,
	9B. KIND OF BUSINESS OR INDUSTRY at home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? Mexico ✓	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. none
	14A. FATHER'S NAME Antonio Velasquez	14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Trinidad Bojorquez	15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
	16. INFORMANT'S SIGNATURE Quis Figueroa		ADDRESS 648 So. Meyer,		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 10, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) tabesic meningitis			INTERVAL BETWEEN ONSET AND DEATH about 2 months	
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) encephalitis.				
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
IONS, PSY 2	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)		
TH TO NAL NCE +	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?		
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-10 19 51 her one time THAT I LAST SAW THE DECEASED ALIVE ON 7-10 19 51 AND THAT DEATH OCCURRED AT M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
CAL NER'S ATION 1	23A. SIGNATURE (DEGREE OR TITLE) Juan V. Gonzalez D.		23B. ADDRESS 629 S. 6 Ave.	23C. DATE SIGNED 7-11-51	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE July 13 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Hope Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona	
RAL TOR D 55 RAR 2	25A. DATE REC'D BY LOCAL REG. 7-11-51	25B. REGISTRAR'S SIGNATURE Wesley H. Oakley	26. FUNERAL DIRECTOR'S SIGNATURE TUCSON MORTUARY, TUCSON, ARIZ.		
		27. EMBALMER'S SIGNATURE Paul H. Green	CERT. NO. 186		