

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

02 02 OF DEATH AND 03 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>COCHISE</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Cochise</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Benson</u>)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Benson</u>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>1 mo 5 days</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION			

3x CEDENT PERSONAL DATA 201 0 951	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Robert</u> B. (MIDDLE) C. (LAST) <u>Tapia</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>8</u> DAY <u>1</u> YEAR <u>1951</u>		8. AGE YEARS MONTHS DAYS <u>1</u> <u>4</u>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>engineer</u>		9B. KIND OF BUSINESS OR INDUSTRY		9C. CITIZEN OF WHAT COUNTRY? <u>United States</u>
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>		12. SOCIAL SECURITY NO.
	14A. FATHER'S NAME <u>Joe Bernardo Tapia</u>		14B. BIRTHPLACE (STATE, OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Arley</u>

5710 CAUSE OF DEATH (TEM 18) 0	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) <u>Gastro Enteritis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) _____ RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)

OPERATIONS, AUTOPSY 2	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 5, 1951</u> TO <u>Sept 5, 1951</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Sept 5, 1951</u> AND THAT DEATH OCCURRED AT <u>2P</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <u>Arnold J. Connolly, M.D.</u>		23B. ADDRESS <u>Benson Ariz</u>

MEDICAL CORONER'S CERTIFICATION	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>9/10/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Benson Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Benson</u>
	25A. DATE REC'D BY LOCAL REG. <u>9/10/51</u>		25B. REGISTRAR'S SIGNATURE <u>A.D. Owen</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Georgie Heger</u>	

FUNERAL DIRECTOR'S AND REGISTRAR	27. EMBALMER'S SIGNATURE <u>Georgie Heger</u>		ADDRESS <u>Bisbee, Ariz</u>		CERT. NO. <u>241</u>
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