

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **5084**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **68**

5 18 5 DEATH NB RESIDENCE	1. PLACE OF DEATH A. COUNTY Graham		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Graham	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) San Jose Rural		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 29 yrs 42 yrs	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Jose Rural		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Jose Rural	
	3. NAME OF DECEASED (TYPE OR PRINT) Jose F. Maldonado		A. SEX Fe B. COLOR OR RACE W	
4 1 164 8 9510	6. MARRIED (TYPE OR PRINT) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH March 19 1918	
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	
	14A. FATHER'S NAME Jesus Maria Maldonado		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
	16. INFORMANT'S SIGNATURE Mrs Dora Pinon Safford		17. DATE OF DEATH Sept. 9, 1951	
443X 0 18)	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)		MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH? (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 6 months	
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Vertebral Artery Hypertension 5 years		II. OTHER SIGNIFICANT CONDITIONS		
ACTIONS, TOSPY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DEATH RE TO ERNAL LLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
MEDICAL PRONER'S FICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 8 1951 TO Sept 8 1951 THAT I LAST SAW THE DECEASED ALIVE ON Sept 8 1951 AND THAT DEATH OCCURRED AT 3:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED 9-13-51	
	23A. SIGNATURE Spencer D. Ellsworth		23B. ADDRESS Safford	
NERAL ECTOR AND ISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 9-13-51	
	24C. NAME OF CEMETERY OR CREMATORY San Jose Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Jose Arizona	
25. DATE REC'D BY LOCAL REG. 2 Sept 15/51		25B. REGISTRAR'S SIGNATURE J. P. Stetson		
26. FUNERAL DIRECTOR'S SIGNATURE W. H. Caldwell		27. FUNERAL HOME'S SIGNATURE W. H. Caldwell		
28. CERT. NO. 291				