

CERTIFICATE OF DEATH

REGISTRAR'S NO. **127**

BIRTH NO. 2 OF DEATH AND 63 RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Yuma B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Rural C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 8 days D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 32 miles E. of Florence			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yuma C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Rural D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Redondo Ranch 32 miles E of Florence		
	3. NAME OF DECEASED (TYPE OR PRINT) Mercedes A. (FIRST) B. (MIDDLE) C. (LAST) Le Baron			4. SEX Female 5. COLOR OR RACE White		
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH May DAY 9 YEAR 1903		8. AGE YEARS 48 MONTHS 5 DAYS	
9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Florence Az		11. CITIZEN OF WHAT COUNTRY? USA		
14A. FATHER'S NAME Maragato Romeriz		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Artemisa Samoras		
16. INFORMANT'S SIGNATURE Joseph Le Baron Boyer Florence		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct 11 51		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		
13. SOCIAL SECURITY NO. 526-42-8409		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) unknown ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (c) _____				
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1951 TO 1951 THAT I LAST SAW THE DECEASED Post mortem Examination ALIVE ON 10/14/51 AND THAT DEATH OCCURRED 10/11/51 FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE [Signature]		23B. ADDRESS Florence Ariz		23C. DATE SIGNED 10/15/51		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 10/14/51		24C. NAME OF CEMETERY OR CREMATORY Florence Cemetery		
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Florence, Ariz		25A. DATE REC'D BY LOCAL REG. Oct 30 1951		25B. REGISTRAR'S SIGNATURE Josephine Martin		
26. FUNERAL DIRECTOR'S SIGNATURE Walter [Signature] Florence		27. EMBALMER'S SIGNATURE George Summels		CERT. NO. 272A		

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