

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6180**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **162**

| | | | | | | |
|------------------------------|---|--|---|--|---|--|
| DEATH 11 EVIDENCE | 1. PLACE OF DEATH A. COUNTY Cochise | | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona Cochise | | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Douglas, Rural | | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 17 days 49 yrs. | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Douglas | |
| | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Cochise Co. Hospital | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1360 8th | | |
| VITAL 3 185 8 X5 | 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Francisca B. (MIDDLE) Luna C. (LAST) | | | 4. SEX Female | | 5. COLOR OR RACE White |
| | 6. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 7. DATE OF BIRTH MONTH Oct. DAY 4 YEAR 1866 | | 8. AGE YEARS 85 MONTHS 1 DAYS 13 | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife |
| | 9B. KIND OF BUSINESS OR INDUSTRY Home | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico | 11. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> 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 Julio Vasquez | | 14B. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico | 15A. MOTHER'S MAIDEN NAME Unknown | | 15B. BIRTHPLACE (STATE OR COUNTRY) Unknown |
| | 16. INFORMANT'S SIGNATURE County Hospital Records, Douglas, Ariz. | | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 17, 1951 | | |
| E 1 8) | 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. | 18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease & congestive failure ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Failure 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 17 days | |
| | 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| VITAL D AL CE | 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? | | | |
| VITAL IER'S TION | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 17 19 51 AND THAT DEATH OCCURRED AT 7:45A FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | |
| | 23A. SIGNATURE R. B. Montgomery | | 23B. ADDRESS Douglas, Ariz. | 23C. DATE SIGNED 11/19/51 | | |
| VITAL OR AR | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION REMOVAL <input type="checkbox"/> | 24B. DATE Nov. 20, 1951 | 24C. NAME OF CEMETERY OR CREMATORY Calvary | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Arizona | | |
| | 25A. DATE REC'D BY LOCAL REG. Nov. 20-51 | 25B. REGISTRAR'S SIGNATURE E. W. Adamson | 26. FUNERAL DIRECTOR'S SIGNATURE Walter Page | 27. EMBALMER'S SIGNATURE Walter Page | ADDRESS Douglas, Ariz. CERT. NO 321 | |