

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 851

1. PLACE OF DEATH A. COUNTY <u>Yila</u> C. CITY OR TOWN <u>Miami</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>E-19 Clinic</u>	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>13 mo 13 mo</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE A. STATE <u>Arizona</u> C. CITY OR TOWN <u>Miami</u> D. STREET ADDRESS <u>E-19 Clinic</u>		3. NAME OF DECEASED A. (FIRST) <u>Quasida</u> B. (MIDDLE) <u>S.</u> C. (LAST) <u>Rodriguez</u>		4. SEX <u>Female</u> 5. COLOR <u>Medium</u>			
		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married Nov 17 1951</u>		7. DATE OF BIRTH MONTH <u>Nov</u> DAY <u>17</u> YEAR <u>1951</u>		8. AGE (IN YEARS) LAST BIRTHDAY <u>1 yr.</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Infant</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN (IF YES, WAR OR DATES OF SERVICE)) <u>No</u>		13. SOCIAL SECURITY NO. <u>none</u>	
14A. FATHER'S NAME <u>Pete Rodriguez</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New Mex</u>		15A. MOTHER'S MAIDEN NAME <u>Helinda Lias</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>New Mex</u>		17. DATE OF DEATH (DAY) (MONTH) (YEAR) <u>Jan. 15, 1953</u>	
16. INFORMANT'S SIGNATURE <u>Pete Rodriguez</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>6500</u> * THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. <u>Acute Failure of Kidneys</u>		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, 19____.		23A. SIGNATURE <u>John Capenble - Coroner</u>		23B. ADDRESS <u>Miami</u>		23C. DATE SIGNED <u>1-15-53</u>		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE <u>Jan. 16, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>First Cemetery</u>		24D. TUNERIAL DIRECTOR'S SIGNATURE <u>W. H. [unclear]</u>		24E. ADDRESS <u>[unclear]</u>	
25A. DATE REC'D BY LOCAL REG. <u>Jan 18 1953</u>		25B. REGISTRAR'S SIGNATURE <u>Harold D. [unclear]</u>		25C. REGISTRAR'S SIGNATURE <u>[unclear]</u>		25D. REGISTRAR'S SIGNATURE <u>[unclear]</u>		25E. CERT. NO. <u>2448</u>	