ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2099

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 319

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: 1 day; IN ARIZONA: 1 day
C. CITY OR TOWN: Cienega Wash — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cienega Wash Bridge on Highway # 80 27 Miles East of Tucson, Arizona.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Louisiana
B. COUNTY: Orleans
C. CITY OR TOWN: New Orleans — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4410 Lonely Oak Drive Rte. Box A 231

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Mildred B. (MIDDLE) - - - C. (LAST) Rodriguez
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH Nov. DAY 19 YEAR 1911
8. AGE (IN YEARS LAST BIRTHDAY): 41 Yrs. — IF UNDER 1 YEAR: MONTHS -, DAYS -; IF UNDER 24 HRS.: HOURS -, MIN. -
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Louisiana
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE): - - - -
13. SOCIAL SECURITY NO.: Not known
14A. FATHER'S NAME: Theothile Perrault
14B. BIRTHPLACE (STATE OR COUNTRY): Louisiana
15A. MOTHER'S MAIDEN NAME: Emile Jeanne
15B. BIRTHPLACE (STATE OR COUNTRY): Louisiana
16. INFORMANT'S SIGNATURE: Veronica Darnell — ADDRESS: 1721 E. 124th Compton, Cal.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): March 3, 1953

CAUSE OF DEATH (ITEM 18)

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Fractured neck & head — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Crushed chest and
DUE TO (C) internal injuries

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): Accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): U.S. Highway # 80, 27 Miles East of Tucson, Pima Co., Ariz.
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 3-3-53 10:45 A. M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Auto accident

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT 10:45 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: James M. Sawyer — (DEGREE OR TITLE): Coroner
23B. ADDRESS: Justice Court # 1.
23C. DATE SIGNED: 3- 6 -53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 3- 7 -53
24C. NAME OF CEMETERY OR CREMATORY: - - - - - - - - - - - - - - - -
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): New Orleans, Louisiana
25A. DATE REC'D BY LOCAL REG.: 3-7-53
25B. REGISTRAR'S SIGNATURE: Henry H. Baker
26. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring — ADDRESS: BRING'S FUNERAL HOME, Tucson, Arizona
27. EMBALMER'S SIGNATURE: Carlton R. Frazee — CERT. NO. 339 R

FORM VS 2 REV. 4-15-52