

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4165

CERTIFICATE OF DEATH

REGISTRAR'S NO.

36

4 DATE OF DEATH 5 AND 25	1. PLACE OF DEATH A. COUNTY <u>Dela</u> C. CITY OR TOWN <u>Miami</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> C. CITY OR TOWN <u>Miami</u>		3. NAME OF DECEASED (TYPE OR PRINT) <u>Gabriel</u>	4. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	5. COLOR OR RACE <u>White</u>
	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>5 yrs.</u> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		D. FULL NAME OF HOSPITAL OR INSTITUTION <u>409 Skyline Trail</u>				
6 DECEDENT PERSONAL DATA	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>never married</u>		7. DATE OF BIRTH MONTH <u>May</u> DAY <u>21</u> YEAR <u>1948</u>		8. AGE (IN YEARS) IF UNDER 1 YEAR DAYS <u>5 yrs</u> MONTHS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Infant</u>
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		
7 FATHER'S NAME	14A. FATHER'S NAME <u>Edel Dedoica</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		14C. ADDRESS <u>Miami, Ariz</u>		15. MOTHER'S MAIDEN NAME <u>Maria d. Alba</u>
	16. INFORMANT'S SIGNATURE <u>Edel Dedoica</u>		17. DATE OF DEATH MONTH <u>June</u> DAY <u>22</u> YEAR <u>1953</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>gun shot wound</u>		
8 CAUSE OF DEATH (ITEM 18)	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		19C. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Home</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE <u>accident</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Miami Ariz</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Miami Ariz</u>		
9 MEDICAL OR CORONER'S CERTIFICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) <u>June 19 1953 7:30 P M</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>accidental discharge of br rifle</u>		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>19</u> TO <u>19</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23. SIGNATURE (PRINT TITLE) <u>John Cardwell</u>
	24. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>June 25, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		
10 DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>June 24 1953</u>		25B. REGISTRAR'S SIGNATURE <u>William J. Grayson</u>		26. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27. EMBALMER'S SIGNATURE <u>[Signature]</u>
	28. ADDRESS <u>6-24-53</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>		ADDRESS <u>[Address]</u>		