

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4166

CERTIFICATE OF DEATH

REGISTRAR'S NO. 41

24 5 AND 25	CE OF DEATH	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>IN ARIZONA</u> <u>16 Yrs 35 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u>		C. CITY OR TOWN <u>Miami</u>		D. STREET ADDRESS <u>715 Churchill St.</u>		E. COLOR OR RACE <u>White</u>	
		C. CITY OR TOWN <u>Miami</u>		D. STREET ADDRESS <u>715 Churchill St.</u>		E. COLOR OR RACE <u>White</u>		F. SEX <u>Male</u>		G. (LAST) <u>Oviedo</u>		H. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>	
4 1 5 35 1	DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <u>Genevieve C. Oviedo</u>		B. AGE (IN YEARS) LAST BIRTHDAY <u>35 Yrs</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>		I. IN CITY LIMITS <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		J. SOCIAL SECURITY NO. <u>None</u>		K. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
		4. FATHER'S NAME <u>Marciano Chacon</u>		5. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		6. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>13</u> YEAR <u>1918</u>		8. CITIZENSHIP <u>U.S.A.</u>		9. MOTHER'S MAIDEN NAME <u>Angelita Serna</u>	
753	CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE <u>X Gabriel Oviedo</u>		ADDRESS <u>Miami, Ariz</u>		17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>9</u> , (YEAR) <u>1953</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>725X</u> ↑ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.		19. DATE OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		18. CAUSE OF DEATH MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Cardiac Arthritis</u>		2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. <u>Arthritis</u>		3. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>		4. INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>		5. 3 years		6. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19	FUNERAL DIRECTOR AND REGISTRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM LIVE ON <u>July 12, 1953</u> AND THAT DEATH OCCURRED AT <u>2:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>John Campbell</u> OR <u>Genevieve</u>		23B. ADDRESS <u>St. Peter & Bayton Rd, Miami, Arizona</u>		23C. DATE SIGNED <u>July 10, 1953</u>		24. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Phoenix, Arizona</u>	
		25A. DATE REC'D BY LOCAL REG. <u>JUL 24 1953</u>		25B. REGISTRAR'S SIGNATURE <u>Neenan A Bragata</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>John Campbell</u>		27. EMBALMER'S SIGNATURE <u>John Campbell</u>		28. CERT. NO. <u>2447</u>		29. THAT I LAST SAW THE DECEASED ON <u>July 12, 1953</u> AT <u>2:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	