

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2684

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

156

PLACE OF DEATH COUNTY CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) FULL NAME OF HOSPITAL OR INSTITUTION	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Globe</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>6 days</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>131 Ruiz Canyon</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Mrs. Elena</u> B. (MIDDLE) <u>Sandoval</u> C. (LAST) <u>Padilla</u>			4. SEX <u>female</u>	5. COLOR OR RACE <u>Mex</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>18</u> YEAR <u>1884</u>	8. AGE YEARS <u>69</u> MONTHS <u>8</u> DAYS <u>15</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>housewife</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Magdalena, Mexico</u>	11. CITIZEN OF WHAT COUNTRY? <u>(unknown)</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u> <u>****</u>
14A. FATHER'S NAME <u>(unknown)</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>(unknown)</u>	15A. MOTHER'S MAIDEN NAME <u>(unknown)</u>	
16. INFORMANT'S SIGNATURE <u>Rafela S Colven</u>		ADDRESS <u>Globe Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>May 3, 1954 at 6:35 p.m.</u>

CAUSE OF DEATH ITEM 18	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). <u>MI</u> *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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>1<sup>st</sup>, 2<sup>nd</sup>, + 3<sup>rd</sup> 0 leuons</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Rd. hemiplegia</u>		<u>years</u>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Home</u>	21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Globe Gila Ariz</u>
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>April 28 1954 4:00 M</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Dress caught on fire.</u>

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>4-28</u> 19 <u>54</u> TO <u>5-3</u> 19 <u>54</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>5-3</u> 19 <u>54</u> AND THAT DEATH OCCURRED AT <u>6:35</u> P.M., FROM <u>MI</u> AND <u>MI</u> AS STATED ABOVE.		
23A. SIGNATURE <u>Alexander J. Boss</u>	23B. ADDRESS <u>Globe</u>	23C. DATE SIGNED <u>5-4-54</u>

24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>May 5, 1954</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Arizona</u>
25A. DATE REC'D BY LOCAL REG. <u>5-4-54</u>	25B. REGISTRAR'S SIGNATURE <u>Drene Wausler</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Wacker</u>	ADDRESS <u>Globe Arizona</u> 27. EMBALMER'S SIGNATURE <u>Jesse James Wacker #323</u> CERT. NO.