

r. Lambrecht.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. *36*

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		B. LENGTH OF STAY IN THIS TOWN <i>Life</i> IN ARIZONA <i>Life</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona.</i> B. COUNTY <i>Gila</i>			
	C. CITY OR TOWN <i>Miami</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Miami</i> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
PRECEDENT PERSONAL DATA	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>36 Davis Canyon</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>36 Davis Canyon</i>			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Joe</i>		B. (MIDDLE)		C. (LAST) <i>Madrid</i>		4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
CAUSE OF DEATH (TEM 18)	6B. NAME OF SPOUSE <i>None</i>		7. DATE OF BIRTH MONTH <i>June</i> DAY <i>7</i> YEAR <i>1950</i>		8. AGE (IN YEARS) LAST BIRTHDAY <i>3 Yrs</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Infant</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Arizona.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>	
OPERATIONS, AUTOPSY	14A. FATHER'S NAME <i>Hilario Madrid</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>		15A. MOTHER'S MAIDEN NAME <i>Josephine Apadoca</i>			15B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>
	16. INFORMANT'S SIGNATURE <i>Hilario Madrid</i>				ADDRESS <i>Ariz Miami</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>June 1, 1954</i>	
GENERAL DIRECTOR AND REGISTRAR	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>1. Fetal</i>)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH† <i>Broncho pneumonia</i>		DUE TO (A) <i>Broncho pneumonia</i>				<i>1 day</i>	
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) <i>Congenital Heart Disease</i>				<i>4 years</i>		
3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C)						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)				
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>6-1-54</i> TO <i>6-1-54</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>6-1-54</i> AND THAT DEATH OCCURRED AT <i>6:15 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <i>R. Lambrecht M.D.</i>		23B. ADDRESS <i>Miami, Arizona.</i>		23C. DATE SIGNED <i>6/2/54</i>		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>June 3, 1954</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami, Arizona.</i>		
25A. DATE REC'D BY LOCAL REG. <i>June 15 1954</i>		25B. REGISTRAR'S SIGNATURE <i>Aracelis R. ...</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		ADDRESS <i>...</i>		
		27. UNDERTAKER'S SIGNATURE <i>...</i>		CERT. NO. <i>24410</i>				