ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2795

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY	GREENLEE
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN	DUNCAN
C. LENGTH OF STAY IN THIS PLACE / IN ARIZONA	50 YRS / 50 YRS.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	UPPER CANYON - DUNCAN
2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE	ARIZONA
B. COUNTY	GREENLEE
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN	DUNCAN
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	UPPER CANYON
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST)	Ezeiro
B. (MIDDLE)	—
C. (LAST)	JIMENEZ
4. SEX	M.
5. COLOR OR RACE	wh.
6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	2 mo.
7. DATE OF BIRTH (MONTH / DAY / YEAR)	unknown
8. AGE (YRS / MONTHS / DAYS)	84 / Approx
IF UNDER 24 HOURS (HOURS / MIN.)	—
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)	labore
9B. KIND OF BUSINESS OR INDUSTRY	Labores
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MEXICO
11. CITIZEN OF WHAT COUNTRY?	unknown
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.	none
14A. FATHER'S NAME	? unknown
14B. BIRTHPLACE (STATE OR COUNTRY)	unknown
15A. MOTHER'S MAIDEN NAME	unknown
15B. BIRTHPLACE (STATE OR COUNTRY)	unknown
16. INFORMANT'S SIGNATURE	[illegible]
ADDRESS	
17. DATE OF DEATH (MONTH)	5
(DAY)	10
(YEAR)	52

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).	9160
+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)	Body found in Advanced
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)	STATE of charring due to
DUE TO (c)	Accidental fire in home
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	D.O.A.
INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒	
21A. ACCIDENT ✓ SUICIDE HOMICIDE (SPECIFY)	
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	home
21C. (CITY OR TOWN) (COUNTY) (STATE)	Duncan, Greenlee, Ariz.
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR)	May 10 1952 12 M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
21F. HOW DID INJURY OCCUR?	Fire in home.
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 ____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE (DEGREE OR TITLE)	[illegible]
23B. ADDRESS	Duncan Ariz.
23C. DATE SIGNED	5/10/52
24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐	
24B. DATE	May 11, 1952
24C. NAME OF CEMETERY OR CREMATORY	unknown
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	Duncan, Ariz.
25A. DATE REC'D BY LOCAL REG.	May 11, 1952
25B. REGISTRAR'S SIGNATURE	[illegible]
26. FUNERAL DIRECTOR'S SIGNATURE	[illegible]
ADDRESS	
27. EMBALMER'S SIGNATURE	[illegible]
CERT. NO.	

06 / 12 / 5 / 3 / 1 / 9 / 484 / 8 / 552 / 0 / 0 / 2 / 17 / 00 / 2 / 2 / 2 / 27 / 2 / 970000

FORM VS 2 REV. 4-49 15M