

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE		REGISTRAR'S NO. 521	
A. COUNTY Gila		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 3 yrs 23yrs		A. STATE Arizona		(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN Globe		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 33 miles East Globe Highway 60		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN Globe		B. COUNTY Gila	
3. NAME OF DECEASED Adolpho Arriaga Navarro		E. (FIRST) B. (MIDDLE) C. (LAST)		D. STREET ADDRESS 320 Pinal St. Box 807		(IF RURAL, GIVE LOCATION)	
6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY 16 1903		8. AGE YEARS MONTHS DAYS 48 9 25		4. SEX male	
9B. KIND OF BUSINESS OR INDUSTRY mining-asbestos		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). miner-asbestos-machinery		5. COLOR OR RACE Mexican	
14A. FATHER'S NAME Santiago Navarro		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Santos Arriaga		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
16. INFORMANT'S SIGNATURE Mrs Mary Navarro		ADDRESS Globe, Ariz		17. DATE OF DEATH July 11, 1952		(MONTH) (DAY) (YEAR)	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). Gila		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) MEDICAL CERTIFICATION Acute Alcoholism		INTERVAL BETWEEN ONSET AND DEATH 10 days			
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		DUE TO (b):					
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE		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) (MINUTE) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 19 19 1952 AND THAT DEATH OCCURRED AT 1:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE John H. White		23B. ADDRESS (DEGREE OR TITLE) 843 Highland Drive Globe, Ariz		23C. DATE SIGNED 7-18-52	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION REMOVAL <input type="checkbox"/>		24B. DATE July 10 1952		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery,		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
25A. DATE REC'D BY LOCAL REG. 7-19-52		25B. REGISTRAR'S SIGNATURE James Navarre		26. FUNERAL DIRECTOR'S SIGNATURE James Navarre		ADDRESS Globe, Arizona #323	
27. EMPALMER'S SIGNATURE James Navarre		27. EMPALMER'S SIGNATURE James Navarre		27. EMPALMER'S SIGNATURE James Navarre		ADDRESS Globe, Arizona #323	

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AGE OF DEATH
62ND
JAL RESIDENCE
5

31
DECEDENT
PERSONAL DATA
752

CAUSE
OF
DEATH
(ITEM 18)

PERATIONS,
AUTOPSY

DEATH
DUE TO
EXTERNAL
VIOLENCE

MEDICAL
CORONER'S
RTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR