

CERTIFICATE OF DEATH

<p>BIRTH NO. <u>94</u></p> <p>1. PLACE OF DEATH A. COUNTY <u>Gila</u> C. CITY <u>Globe</u> OR TOWN <u>Globe</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u></p>		<p>B. LENGTH OF STAY IN THIS TOWN <u>1</u> DAY C. CITY <u>Elsa</u> OR TOWN <u>Elsa</u> D. STREET ADDRESS <u>P. Box 767</u></p>		<p>REGISTRAR'S NO. <u>18</u> (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). B. COUNTY <u>Hidalgo</u></p>	
<p>3. NAME OF DECEASED (TYPE OR PRINT) <u>Mrs. Juanita Chasco Reyna</u></p>		<p>4. SEX <u>female</u></p>		<p>5. COLOR OR RACE <u>Mexican</u></p>	
<p>6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u></p>		<p>7. AGE (IN YEARS) IF UNDER 1 YEAR MONTHS <u>7</u> DAYS <u>23</u></p>		<p>8A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>housewife</u></p>	
<p>9B. KIND OF BURIAL OR INDUSTRY <u>housewife</u></p>		<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>U. S. A. Minerva, Texas</u></p>		<p>11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) *****</p>	
<p>12A. FATHER'S NAME <u>Emeterio Chasco</u></p>		<p>12B. BIRTHPLACE (STATE OR COUNTRY) <u>(unknown)</u></p>		<p>12C. SOCIAL SECURITY NO.</p>	
<p>13. INFORMANT'S SIGNATURE <u>[Signature]</u></p>		<p>14. BIRTHPLACE (STATE OR COUNTRY) <u>(unknown)</u></p>		<p>15. BIRTHPLACE (STATE OR COUNTRY) <u>(unknown)</u></p>	
<p>16. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (OR (A), (B), (C)). <u>8230</u> ↑ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.</p>		<p>17. DATE OF DEATH <u>November 23, 1952</u> (MONTH) (DAY) (YEAR) approx <u>11 a.m.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs. 15 min.</u></p>			
<p>18. CAUSE OF DEATH 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Internal injuries chest - abdomen</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) _____</p>		<p>19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____</p>			
<p>20. ACCIDENT (SPECIFY) <u>Accident</u></p>		<p>21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG, ETC.) <u>Highway G.D. about 1 mile west of Globe</u></p>		<p>21C. (CITY OR TOWN) (STATE) <u>Globe, Ariz</u></p>	
<p>21D. TIME (MONTH) (DAY) (YEAR) OF INJURY <u>Nov. 23, 1952 9:30AM</u></p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR? <u>Auto wreck.</u></p>	
<p>22. I HEREBY CERTIFY THAT I ATTEMPTED THE DECEASED FROM <u>Nov. 23, 1952</u> TO <u>Nov. 23, 1952</u> 19<u>52</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov. 23, 1952</u> IS <u>11:15</u> AM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.</p>		<p>23A. SIGNATURE <u>[Signature]</u></p>		<p>23B. ADDRESS (DEGREE OR TITLE) <u>243 S. 2nd St. Globe, Ariz</u></p>	
<p>24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/></p>		<p>24B. DATE <u>Nov 26 1952</u></p>		<p>24C. NAME OF CEMETERY OR CREMATORY <u>Elsa Cemetery</u></p>	
<p>25A. DATE REC'D BY LOCAL REG. <u>11-24-52</u></p>		<p>25B. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>		<p>25C. DATE SIGNED <u>Nov. 24, 1952</u></p>	
<p>26. FUNERAL DIRECTOR <u>[Signature]</u></p>		<p>26. FUNERAL DIRECTORY SIGNATURE <u>James James Washburn</u></p>		<p>ADDRESS <u>Globe, Ariz</u></p>	
<p>27. REGISTRAR <u>[Signature]</u></p>		<p>27. EMPALMER'S SIGNATURE <u>[Signature]</u></p>		<p>CERT. NO. <u>#323</u></p>	