ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2135

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 58

OF DEATH AND RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 29 yrs. IN ARIZONA: 29 yrs.
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 738 2nd St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — COUNTY: Cochise
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 738 2nd St.

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST) Antonia B. (MIDDLE) Dominguez C. (LAST) vda. Conteras
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: June DAY: 13 YEAR: 1859
8. AGE (IN YEARS LAST BIRTHDAY): 95 — IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY?: Mexico
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: Doroteo Dominguez
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Maurisia Olivares
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Maria Conteras — ADDRESS: Douglas, Arizona
17. DATE OF DEATH — (MONTH) April (DAY) 15, (YEAR) 1955

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 355 X
‡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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Terminal Hypostatic — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Pneumonia — 1 week
DUE TO (C) Old Hemiplegia — ?

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): none
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.):
21C. (CITY OR TOWN) (COUNTY) (STATE):
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M.
21E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/54, 19__, TO 4/2/55, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4/2/55, 19__, AND THAT DEATH OCCURRED AT 6:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Jay B Ketonna MD (DEGREE OR TITLE)
23B. ADDRESS: Douglas Ariz
23C. DATE SIGNED: 4/16/55

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 4-18-55
24C. NAME OF CEMETERY OR CREMATORY: Calvary
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
25A. DATE REC'D BY LOCAL REG.: April 19/55
25B. REGISTRAR'S SIGNATURE: Ew Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Curtis Page — ADDRESS: Douglas, Ariz.
27. EMBALMER'S SIGNATURE: Curtis Page — CERT. NO. 321

FORM VS 2 REV. 1-1-53