

CERTIFICATE OF DEATH

REGISTRAR'S NO. 31

BIRTH NO.

04 OF DEATH AND RESIDENCE 98 402	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 50 Yrs 50 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Miami-Inspiration Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 83 Warrior (Claypool)			
3 IDENT SONAL DATA 8 853	3. NAME OF DECEASED (TYPE OR PRINT) Feliberto Rivera			4. SEX Male	5. COLOR OR RACE Mexican	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH DAY YEAR 2 26 1872	8. AGE (IN YEARS LAST BIRTHDAY) 83 Yrs.	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) Miner	
	9B. KIND OF BUSI- NESS OR INDUSTRY Copper Mine	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) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None		
14A. FATHER'S NAME Regino Rivera		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown			
16. INFORMANT'S SIGNATURE * Mrs. Miguel S. Rivera				ADDRESS		17. DATE OF DEATH Aug. 20, 1955	(MONTH) (DAY) (YEAR)	
AUSE OF EATH EM 18)	18. CAUSE OF DEATH ENTER ONE OR MORE CAUSES PER LINE FOR (A), (B), (C). 3, 1, X ‡ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral hemorrhage ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 7 days.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 17, 1955, TO Aug 19, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Aug 19, 1955, AND THAT DEATH OCCURRED AT 7:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE L. Collopy MD (DEGREE OR TITLE)				22B. ADDRESS Box 623 Miami Ariz.		22C. DATE SIGNED 8-23-55	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Aug. 22, 1955	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. Aug 24 1955	26B. REGISTRAR'S SIGNATURE William A. Brown		27A. FUNERAL DIRECTOR'S SIGNATURE M. J. ...		27B. ADDRESS Miami Ariz		