

CERTIFICATE OF DEATH

REGISTRAR'S NO. 125

BIRTH NO.

PLACE OF DEATH 1 AND AL RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN 43 yrs IN ARIZONA 43 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Ariz. COUNTY Cochise		
	C. CITY OR TOWN Douglas		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Douglas <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1305 11th St				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1305 11th St		
DECEASED PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Teresa B. (MIDDLE) Del Rio C. (LAST) Williams			4. SEX F	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
	6B. NAME OF SPOUSE Marion Lee		7. DATE OF BIRTH MONTH DAY YEAR NOV 24 1876	8. AGE (IN YEARS LAST BIRTHDAY) 78	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? US	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 Manuel Rel Rio		14B. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Juana Denogean		15B. BIRTHPLACE (STATE OR COUNTRY) Mex.		
16. INFORMANT'S SIGNATURE Ben F. Williams Douglas, Ariz.				ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept 13 1955	

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 132X ‡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 CONTACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH ‡ Adeno Carcinoma of Stomach (A) <i>Carcinoma of Stomach</i>			INTERVAL BETWEEN ONSET AND DEATH 2 mos.
			2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____			
			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 Jan 54	19B. MAJOR FINDINGS OF OPERATION ca. of stomach with metastasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	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) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 19 53, TO Sept 10 55, 1955, AND THAT DEATH OCCURRED AT 10:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE (DEGREE OR TITLE) R. E. Montgomery M.D.	23B. ADDRESS Douglas	23C. DATE SIGNED 9/14/55

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 9-14-55	24C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.
	25A. DATE REC'D BY LOCAL REG. Sept 14/55	25B. REGISTRAR'S SIGNATURE Cecil Damson		26. FUNERAL DIRECTOR'S SIGNATURE Paul Brown ADDRESS Douglas CERT. NO. 238
			27. EMBALMER'S SIGNATURE Paul Brown	