

CERTIFICATE OF DEATH

REGISTRAR'S NO. 47

4 DATE OF DEATH 5 AND USUAL RESIDENCE 04/02	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA <b>1 Day</b>   <b>Life</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>		B. COUNTY <b>Gila</b>				
	C. CITY OR TOWN <b>Miami</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Globe</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miami-Inspiration Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>238 McKinney St. (Central Heights)</b>						
PRECEDENT PERSONAL DATA 108 0 X55	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Anna</b>			B. (MIDDLE) <b>Rose</b>		C. (LAST) <b>Manqueros</b>		4. SEX <b>Fem.</b>	5. COLOR OR RACE <b>Mexican</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>	
	6B. NAME OF SPOUSE <b>None</b>			7. DATE OF BIRTH MONTH <b>3</b> DAY <b>2</b> YEAR <b>1947</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>8 Yrs.</b>	IF UNDER 1 YEAR MONTHS <b>0</b> DAYS <b>0</b>	IF UNDER 24 HRS. HOURS <b>0</b> MIN. <b>0</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Student</b>			
	9B. KIND OF BUSINESS OR INDUSTRY <b>Gr. School</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>None</b>		
14A. FATHER'S NAME <b>David Manqueros</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		15A. MOTHER'S MAIDEN NAME <b>Patricia Jorquez</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>			
16. INFORMANT'S SIGNATURE <i>David Manqueros</i>					ADDRESS <b>Globe, Ariz.</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Nov. 12, 1955</b>				
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <b> Meningitis - Type not determined</b> DUE TO (B) _____ DUE TO (C) _____				INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>		
			II. OTHER SIGNIFICANT 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MEDICAL CERTIFICATION		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Nov. 12, 1955</b> , TO <b>Nov. 12, 1955</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>Nov. 12, 1955</b> , AND THAT DEATH OCCURRED AT <b>8:10 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
		22A. SIGNATURE (DEGREE OR TITLE) <i>David Solomon, M.D.</i>				22B. ADDRESS <b>Miami, Arizona.</b>		22C. DATE SIGNED <b>11/14/55</b>			
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE		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 <b>M</b>		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			
FUNERAL DIRECTOR AND REGISTRAR		25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>Nov. 15, 1955</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Final Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona.</b>			
		26A. DATE REC. BY LOCAL REG. <b>11/15/55</b>		26B. REGISTRAR'S SIGNATURE <i>Paula Gonzales</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>D. J. ...</i>		27B. ADDRESS <i>...</i>			