

CERTIFICATE OF DEATH

REGISTRAR'S NO. 345

4 DATE OF DEATH 9 AND 25 PLACE OF RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 7 Yrs IN ARIZONA 30 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 628 Nash Ave.				
DECEASED PERSONAL DATA 1498 X55	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Jesus B. (MIDDLE) M. C. (LAST) Mendoza			4. SEX Male	5. COLOR OR RACE Mexican	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Eloisa Mendoza		7. DATE OF BIRTH MONTH DAY YEAR Unknown Apprx. 49 Yrs	8. AGE (IN YEARS LAST BIRTHDAY) 49 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) Laborer	
	9B. KIND OF BUSINESS OR INDUSTRY Copper Mine	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? USA	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. 526-05-9923		
	14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		
16. INFORMANT'S SIGNATURE <i>Eloisa Mendoza</i>				ADDRESS Miami, Fla.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 7, 1955		
CAUSE OF DEATH ITEM 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) OR (C). <i>31</i>		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. <i>Arterio-sclerosis with Hypertension (Terminal Cerebral Hemorrhage)</i>			INTERVAL BETWEEN ONSET AND DEATH <i>about 10 yrs.</i>		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Advanced Rheumatoid Arthritis</i>		DUE TO (B) _____			DUE TO (C) _____		
OPERATIONS, AUTOPSY 0	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan 1, 1955</i> TO <i>Nov. 7, 1955</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>Nov. 7, 1955</i> , AND THAT DEATH OCCURRED AT <i>8:10 A.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
MEDICAL CERTIFICATION 4	22A. SIGNATURE <i>T.C. Harper, M.D.</i>			22B. ADDRESS <i>Globe, Ariz.</i>		22C. DATE SIGNED <i>11-15-55</i>		
	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)			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR 17 2 30	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Nov. 11, 1955		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
	26A. DATE REC. BY LOCAL REG. 11-19-55		26B. REGISTRAR'S SIGNATURE <i>Drew Hansen</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>T.C. Harper</i>		27B. ADDRESS <i>Miami, Ariz.</i>	