

CERTIFICATE OF DEATH

REGISTRAR'S NO. **7**

BIRTH NO.

AGE OF DEATH **7 27**
AND **16**
AL RESIDENCE
X-

DECEDENT **3**
PERSONAL DATA **187**
8
256

CAUSE OF DEATH **304X**
(ITEM 18) **0**

OPERATIONS, AUTOPSY **4**

MEDICAL CERTIFICATION **7**

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION **2**

FUNERAL DIRECTOR AND REGISTRAR **88**
2

138

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 38yrs IN ARIZONA 38yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona COUNTY Maricopa				
C. CITY OR TOWN Gilbert		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Gilbert		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Senora town Gilbert				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rural				
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Patricio			B. (MIDDLE) Avalos		C. (LAST)	4. SEX M	5. COLOR OR RACE W	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Wid
6B. NAME OF SPOUSE ----		7. DATE OF BIRTH MONTH 3 DAY 17 YEAR 1869	8. AGE (IN YEARS LAST BIRTHDAY) 87	9. IF UNDER 1 YEAR MONTHS	10. IF UNDER 24 HRS. HOURS	11. MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retired Laborer	
9B. KIND OF BUSINESS OR INDUSTRY Farm	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mex.	11. CITIZEN OF WHAT COUNTRY? Mex	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATED OF SERVICE) No		13. SOCIAL SECURITY NO. No			
14A. FATHER'S NAME Lawreanco Avalos		14B. BIRTHPLACE (STATE OR COUNTRY) Mex	15A. MOTHER'S MAIDEN NAME Ysabel Unk.		15B. BIRTHPLACE (STATE OR COUNTRY) Mex			
16. INFORMANT'S SIGNATURE Fernando Avalos			ADDRESS Gilbert Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) 2- 7--56			
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MEDICAL CERTIFICATION (A) Infections + Debilitation DUE TO (B) cachexia DUE TO (C) senile psychosis Influenza				INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 30 DAYS 2 YEARS		
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 Dec 5, 1955 , TO Dec 28, 1955 , THAT I LAST SAW THE DECEASED ALIVE ON Dec 28, 1955 , AND THAT DEATH OCCURRED AT 12:30 P H. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
22A. SIGNATURE W. R. Little, Jr.			(OFFICE OR TITLE)		22B. ADDRESS Gilbert, Ariz		22C. DATE SIGNED 2-8-56	
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		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		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 2/9/56	25C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa Arizona			
26A. DATE REC. BY LOCAL REG. 2/9/56	26B. REGISTRAR'S SIGNATURE Donald Dughey R.N.		27A. FUNERAL DIRECTOR'S SIGNATURE Larry J. Melcher		27B. ADDRESS Mesa Ariz			