

Punch

CERTIFICATE OF DEATH

REGISTRAR'S NO. 7

4 04
E OF DEATH
SAND 25
L RESIDENCE
0402

PRECEDENT 1
PERSONAL DATA 173

8
356

4200
CAUSE OF DEATH
ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

141

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 41 Yrs 41 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 Miami <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Miami-Inspiration Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 34 Pine St.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Adelaido B. (MIDDLE) C. (LAST) Perez			4. SEX Male	5. COLOR OR RACE Mex.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Magdalena Perez		7. DATE OF BIRTH MONTH DAY YEAR 12 16 1882	B. AGE (IN YEARS LAST BIRTHDAY) 73 Yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS 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. 527-01-5145
14A. FATHER'S NAME Genovio Perez		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Julia Gutierrez		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
16. INFORMANT'S SIGNATURE Abraham Perez			ADDRESS Miami, Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Mar. 21, 1956
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Branchial pneumonia DUE TO (B) Congestive heart failure DUE TO (C) Arteriosclerotic heart disease 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 6 weeks 20-30 yrs.
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 3/17 , 19 56 , TO 3/21 , 19 56 , THAT I LAST SAW THE DECEASED ALIVE ON 3/20 , 19 56 , AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE (DEGREE OR TITLE) Dr. [Signature]		22B. ADDRESS Miami, Arizona		22C. DATE SIGNED 3/21/56	
23A. ACCIDENT (SPECIFY) BUIICIDE 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		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 Mar. 24, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona
26A. DATE REC. BY LOCAL REG. 4/3/56		26B. REGISTRAR'S SIGNATURE Paula Gonzalez		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
				27B. ADDRESS Miami, Ariz	