

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **11**

PLACE OF DEATH AND RESIDENCE **X**

DECEDENT PERSONAL DATA **180**

CAUSE OF DEATH **0**

OPERATIONS, AUTOPSY **0**

MEDICAL CERTIFICATION **X**

DEATH DUE TO EXTERNAL VIOLENCE **0**

CORONER'S CERTIFICATION **0**

GENERAL DIRECTOR AND REGISTRAR **2**

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 41 Yrs IN ARIZONA 64 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami	
D. FULL NAME OF HOSPITAL OR INSTITUTION 71 Miami Ave.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 71 Miami Ave.			

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Trinidad B. (MIDDLE) O. C. (LAST) Perez			4. SEX Male	5. COLOR OR RACE Mex.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
9B. NAME OF SPOUSE Maria Perez		7. DATE OF BIRTH MONTH 5 DAY 23 YEAR 1876	8. AGE (IN YEARS LAST BIRTHDAY) 80 Yrs.	IF UNDER 1 YEAR MONTHS DAYS 	IF UNDER 24 HRS. HOURS MIN.
9A. KIND OF BUSINESS OR INDUSTRY Groc. Store	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. None
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 Guadalupe C. Perez		ADDRESS Miami, Ariz.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 26, 1956
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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, ASTHRENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Years
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) _____		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) _____		

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/25 , 19 56 TO 4/26 , 19 56 , THAT I LAST SAW THE DECEASED ALIVE ON 4/25 , 19 56 AND THAT DEATH OCCURRED AT 12:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE David Solomon M.D. Miami Dep. Sup.		22B. ADDRESS _____	22C. DATE SIGNED 4/28/56

29A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL CAUSE	29B. PLACE OF INJURY (E.G., TRAIL, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____	29C. COUNTY Maricopa (STATE) _____
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY NO M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? _____

24A. CORONER'S SIGNATURE _____	24B. ADDRESS _____	24C. DATE SIGNED _____
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE April 30, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
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26A. DATE REC. BY LOCAL REG. 5/3/56	26B. REGISTRAR'S SIGNATURE Paula Gonzalez	27A. FUNERAL DIRECTOR'S SIGNATURE _____	27B. ADDRESS _____
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