

CERTIFICATE OF DEATH

REGISTRAR'S NO. 23

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN 30 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 Miami		C. CITY OR TOWN Miami	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Miami-Inspiration Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1217 Frederick St.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Gregoria B. (MIDDLE) G. C. (LAST) Porto			4. SEX Fem.	5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		6B. NAME OF SPOUSE Deceased		
7. DATE OF BIRTH MONTH 7 DAY 23 YEAR 1890		8. AGE (IN YEARS LAST BIRTHDAY) 65 Yrs	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife	
9B. KIND OF BUSINESS OR INDUSTRY Own Home	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 Elijio Garcia		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Martina Elizonodo	15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
16. INFORMANT'S SIGNATURE <i>Francisco Maldonado</i>		ADDRESS <i>Walden</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	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.	(A) <i>Cirrhosis of liver</i> (Cirrhosis of liver)		?
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	<i>Abdominal ascites</i> (Abdominal ascites)		
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 3-28 , 1956 TO 6-21 , 1956 THAT I LAST SAW THE DECEASED ALIVE ON 6-21-56 , 1956, AND THAT DEATH OCCURRED AT 1:58 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
22A. SIGNATURE <i>Francisco Maldonado</i>		22B. ADDRESS Miami, Arizona		22C. DATE SIGNED 6/21/56
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		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
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE June 23, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
26A. DATE REC. BY LOCAL REG. July 5 1956	26B. REGISTRAR'S SIGNATURE <i>Nelson D. Boyler</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Francisco Maldonado</i>	27B. ADDRESS <i>Walden</i>	

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OF DEATH AND RESIDENCE 0402
EDICENT 3
PERSONAL DATA 165
8
654
5810
CAUSE OF DEATH (EM 18)
RATIONS/UTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
GENERAL DIRECTOR AND REGISTRAR 19
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