

CERTIFICATE OF DEATH

REGISTRAR'S NO. 28

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>29 Yrs</u> IN ARIZONA <u>29 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miami-Inspiration Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>708 Nash Ave.</u>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Agapito</u> B. (MIDDLE) <u>Padilla</u> C. (LAST) <u>Padilla</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
--	--	--	--------------------	-------------------------------	---

8B. NAME OF SPOUSE <u>Solidad</u>		7. DATE OF BIRTH MONTH <u>8</u> DAY <u>6</u> YEAR <u>1903</u>	B. AGE (IN YEARS LAST BIRTHDAY) <u>53 Yrs.</u>	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 PART-TIME) <u>Laborer</u>
--------------------------------------	--	--	---	---	---	--

9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mine</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mexico</u>	11. CITIZEN OF WHAT COUNTRY? <u>Mexico</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	13. SOCIAL SECURITY NO. <u>527-05-8856</u>
--	--	---	---	---

14A. FATHER'S NAME <u>Esteven Padilla</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Clara Franco</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>
--	---	--	---

16. INFORMANT'S SIGNATURE <u>Lily Padilla</u>		ADDRESS <u>Miami, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Aug. 12, 1956</u>
--	--	--------------------------------	--	--

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. PLACE DISEASE CONTRACTED.	1. 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.		MEDICAL CERTIFICATION (A) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	DUE TO (B) <u>Coronary occlusion</u>		DUE TO (C) <u>Arteriosclerosis generalis</u>		<u>4 wks.</u>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>?</u>

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 June 30 1956 TO July 12, 1956 THAT I LAST SAW THE DECEASED ALIVE ON Aug 12, 1956 AND THAT DEATH OCCURRED AT 6:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>Robert Johnson, M.D.</u>	(DEGREE OR TITLE)	22B. ADDRESS <u>Miami, Arizona</u>	22C. DATE SIGNED <u>8/14/56</u>
---	-------------------	---------------------------------------	------------------------------------

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 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"/>	25B. DATE <u>Aug. 16, 1956</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>
--	-----------------------------------	---	--

26A. DATE REC. BY LOCAL REG. <u>Aug 20 56</u>	26B. REGISTRAR'S SIGNATURE <u>Robert D. Gray</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>	27B. ADDRESS <u>...</u>
--	---	---	----------------------------

11 OF DEATH
 5 AND 75
 IL RESIDENCE
 0402
 3
 PRECEDENT
 PERSONAL DATA
 153
 8
 856
 4301
 CAUSE OF DEATH
 ITEM 18)
 0
 0
 OPERATIONS, AUTOPSY
 MEDICAL CERTIFICATION
 DEATH DUE TO EXTERNAL VIOLENCE
 CORONER'S CERTIFICATION
 FUNERAL DIRECTOR AND REGISTRAR
 19
 22
 29