

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 447

PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN 44 yrs IN ARIZONA 50 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Ariz na		
	C. CITY OR TOWN Globe		C. CITY OR TOWN Globe		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS 130 Ruiz Canyon		

3. NAME OF DECEASED (TYPE OR PRINT) Mrs. Teresa Moya			4. SEX fe	5. COLOR OR RACE Mex	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
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6B. NAME OF SPOUSE Angel Moya		7. DATE OF BIRTH MONTH DAY YEAR Oct 15 1899	8. AGE (IN YEARS LAST BIRTHDAY) 57	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) housewife
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9B. KIND OF BUSINESS OR INDUSTRY housewife	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Sonora, Mexico	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. unknown
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14A. FATHER'S NAME Florentino Gastelo		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Dolores Burola	15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
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16. INFORMANT'S SIGNATURE <i>Angel Moya, Elbe Aragona</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct 15, 1956 at 00:05 a.m.
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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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>3 yrs.</u> <u>2 mos.</u>
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Hypertension</u>		
	3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (C) <u>Cerebrovascular Hemorrhage</u>		

19A. DATE OF OPERATION	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 Oct. 13, 1956, TO Oct. 14, 1956, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 14, 1956, AND THAT DEATH OCCURRED AT 12:05 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>Albert J. Harris, M.D.</i>	22B. ADDRESS Globe, Arizona	22C. DATE SIGNED Oct. 15, 56
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23A. ACCIDENT 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)
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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?
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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 Oct 17, 1956	25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery, Sect 16 lot 138-	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) 37 Globe, Arizona.
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26A. DATE REC. BY LOCAL REG. 10-16-56	26B. REGISTRAR'S SIGNATURE <i>Diana Kavaloo</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>James Walker</i>	27B. ADDRESS Globe, Arizona.
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