

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 465

OF DEATH IND RESIDENCE 2201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN: 7 Days IN ARIZONA: 46 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input 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 Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 504 Gibson St.			
IDENT SONAL ATA 106 8 X56	3. NAME OF DECEASED (TYPE OR PRINT) Josephine Oliverio			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced		
	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 2 DAY 17 YEAR 1890	8. AGE (IN YEARS LAST BIRTHDAY) 66 Yrs	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 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 Francisco Diaz		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Demetria Robles		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico			
16. INFORMANT'S SIGNATURE <i>Demetria Robles</i>				ADDRESS Miami, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 25, 1956		
CAUSE OF DEATH EM 18)	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) Strangulated umbilical hernia DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes; nephritis				INTERVAL BETWEEN ONSET AND DEATH 2 days Unknown	
	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 Nov. 22, 1956 , TO Nov. 25, 1956 , THAT I LAST SAW THE DECEASED ALIVE ON Nov. 25, 1956 , AND THAT DEATH OCCURRED AT 7:10 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <i>Walter M. Brown M.D.</i>		(DEGREE OR TITLE) M.D.		22B. ADDRESS Globe Ariz		22C. DATE SIGNED 11.29.56		
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 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 Nov. 29, 1956		25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		
26A. DATE REC. BY LOCAL REG. 11-29-56		26B. REGISTRAR'S SIGNATURE <i>Irma Wauson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Walter M. Brown</i>		27B. ADDRESS <i>Walter M. Brown</i>		

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