

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

04 04  
PLACE OF DEATH  
18 AND 98  
RESIDENCE  
X-

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN HOSPITAL IN ARIZONA <b>15 Mos 13 Mos</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>		B. COUNTY <b>Gila</b>	
C. CITY OR TOWN <b>Claypool</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Claypool</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>113 Grover</b>				D. STREET ADDRESS <b>113 Grover</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DECEDENT  
PERSONAL  
DATA 184

3. NAME OF DECEASED (TYPE OR PRINT) <b>Antonia M. Rivera</b>			4. SEX <b>Fem.</b>	5. COLOR OR RACE <b>Mex.</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>
6B. NAME OF SPOUSE <b>Deceased</b>		7. DATE OF BIRTH MONTH <b>Mar</b> DAY <b>13</b> YEAR <b>1873</b>	8. AGE (IN YEARS) (NOT BIRTHDAY) <b>84 Yrs.</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Housewife</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>	11. CITIZENSHIP OF WHAT COUNTRY <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>None</b>	
14A. FATHER'S NAME <b>Unknown</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>

057

16. INFORMANT'S SIGNATURE <i>Luana Luvarez</i>			17. DATE OF DEATH (MONTH) <b>Oct.</b> (DAY) <b>24.</b> (YEAR) <b>1957</b>		
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331 X  
CAUSE OF DEATH  
OF DEATH  
(ITEM 18)  
0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <small>(THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.)</small>		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.		MEDICAL CERTIFICATION (A) <b>Cerebral Hemorrhage</b> DUE TO (B) <b>Arteriosclerosis</b> DUE TO (C) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 Yrs</b> <b>1</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

OPERATIONS, AUTOPSY  
2

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>June, 1952</b> TO <b>June, 1952</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Oct 24, 1952</b> , AND THAT DEATH OCCURRED AT <b>10:30 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
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MEDICAL CERTIFICATION  
1

22A. SIGNATURE <i>[Signature]</i>	22B. ADDRESS <b>Miami, Ariz</b>	22C. DATE SIGNED <b>10/29/52</b>
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DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <b>NATURAL CAUSE</b>	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 <b>M</b>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR  
19  
2

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>10-28-57</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Frank Cemetery</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Ariz</b>
26A. DATE REC. BY LOCAL REG. <b>11/2/57</b>	26B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>H. May Miller</i>	27B. ADDRESS <b>Miami, Ariz</b>
28A. EMBALMER'S SIGNATURE <i>H. May Miller</i>		28B. EMBALMER'S CERT. NO. <b>244A</b>	

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