

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. **609**

OF DEATH AND RESIDENCE  
0201  
CEDENT  
PERSONAL DATA  
592x  
DEATH (EM 18)  
AUTOPSY  
MEDICAL CERTIFICATION  
DEATH DUE TO EXTERNAL VIOLENCE  
CORONER'S CERTIFICATION  
GENERAL REGISTRAR

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>18 mths</b> IN ARIZONA <b>18 mths</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>Globe</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Globe</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gila General Hospital</b>		E. STREET ADDRESS <b>134 Blake st.</b>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED A. (FIRST) <b>Maria Jesus</b> B. (MIDDLE) <b>Marquez</b> C. (LAST) <b>Marquez</b>			4. SEX <b>fe</b>	5. COLOR OR RACE <b>Max</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>divorced</b>
7. DATE OF BIRTH MONTH <b>April</b> DAY <b>12</b> YEAR <b>1903</b>		8. AGE (IN YEARS) LAST BIRTHDAY <b>52</b> YEARS <b>64</b> DAYS <b>8</b> HOURS <b>18</b> MIN. <b>**</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>housewife</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Casco, Mexico</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, WAR OR DATES OF SERVICE) <b>no</b>		13. SOCIAL SECURITY NO. <b>unknown</b>
14A. FATHER'S NAME <b>Leonides Anaya</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>	15A. MOTHER'S MAIDEN NAME <b>Natividad Anaya</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>
16. INFORMANT'S SIGNATURE <i>Mariela Marquez</i>			17. DATE OF DEATH MONTH <b>December</b> DAY <b>30</b> YEAR <b>1957</b> TIME <b>12:15 p.m.</b>		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <b>Uremia</b> DUE TO (B) <b>Chronic nephritis</b> DUE TO (C) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> <b>years</b> <b>years</b>	
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 <b>Sept. 12-30, 1957</b> TO <b>12-30, 1957</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>12-30, 1957</b> , AND THAT DEATH OCCURRED AT <b>Blake</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <i>Alexander J. Boserup</i>		22B. ADDRESS <b>Blake</b>		22C. DATE SIGNED <b>12-31-57</b>	
23A. ACCIDENT (SPECIFY) <b>SUICIDE</b>		23B. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN). (COUNTY) (STATE)	
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 <b>Jan 4, 1957</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Rest Haven Cemetery #470</b>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Central Heights, Arizona</b>		26. REGISTRAR'S SIGNATURE <i>Gene Kramble</i>		27. FUNERAL DIRECTOR'S SIGNATURE <i>Gene Kramble</i>	
28A. DATE REC. BY LOCAL REG. <b>1-2-58</b>		28B. REGISTRAR'S SIGNATURE <i>Gene Kramble</i>		28C. FUNERAL DIRECTOR'S SIGNATURE <i>Gene Kramble</i>	
28D. EMBALMER'S SIGNATURE <i>Gene Kramble</i>		28E. EMBALMER'S CERT. NO. <b>#323</b>			

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