ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8237

CERTIFICATE OF DEATH

BIRTH NO. | REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY — IN THIS TOWN: Life | IN ARIZONA: Life
C. CITY OR TOWN: Morenci — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY OR TOWN: Morenci — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): B. Hill

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Petra B. (MIDDLE) C. (LAST) Lujan

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE: Jose M. Lujan
7. DATE OF BIRTH — MONTH: Apr DAY: 14 YEAR: 1893
8. AGE (IN YEARS LAST BIRTHDAY): 64Yrs. — IF UNDER 1 YEAR: MONTHS: x DAYS: HOURS: IF UNDER 24 HRS.: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): At Home
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY?: US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Refugio Maya
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Consuelo Villarreal — ADDRESS: Morenci
17. DATE OF DEATH (MONTH) (DAY) (YEAR): 12-6-57

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, ASTHENIA, 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) Cerebro-vascular accident (hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 2 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ____ DUE TO (C) ____
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-4-57, 19__, TO 12-6-57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 12-6-57, 19__, AND THAT DEATH OCCURRED AT 10:45 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: T. R. Lottman (DEGREE OR TITLE) M. D.
22B. ADDRESS: Morenci Hospital, Morenci, Ariz.
22C. DATE SIGNED: 12-6-57

DEATH DUE TO EXTERNAL VIOLENCE
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12/ 9/1957
25C. NAME OF CEMETERY OR CREMATORY: Fraternal
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Morenci, Ariz.
26A. DATE REC. BY LOCAL REG.: 12-9-57
26B. REGISTRAR'S SIGNATURE: R. Cunningham
27A. FUNERAL DIRECTOR'S SIGNATURE: J. M. McMeen
27B. ADDRESS: Clifton Arizona

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Acting Reg.

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