ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1055

CERTIFICATE OF DEATH

REGISTRAR'S NO. 511

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY: IN THIS TOWN 60 | IN ARIZONA 60
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): Phelphs Dodge Hospital

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

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

4. SEX: M

5. COLOR OR RACE: White

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Maria Donaciano

7. DATE OF BIRTH MONTH Sept DAY 8 YEAR 1877

8. AGE (IN YEARS LAST BIRTHDAY): 81 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): Track boss

9B. KIND OF BUSINESS OR INDUSTRY: Mining

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mex.

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): --------

13. SOCIAL SECURITY NO. 527-0324-04

14A. FATHER'S NAME: Martin Tellez

14B. BIRTHPLACE (STATE OR COUNTRY): Mex.

15A. MOTHER'S MAIDEN NAME: Jesusita Tellez.

15B. BIRTHPLACE (STATE OR COUNTRY): Mex.

16. INFORMANT'S SIGNATURE: x Mitano O. Tellez **ADDRESS:** Box 1124 Morenci

17. DATE OF DEATH (MONTH) February (DAY) 7 (YEAR) 1958

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION (A) Arteriosclerotic Heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 10 years

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 ____, 1953 TO Feb 2, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 2-7, 1958 AND THAT DEATH OCCURRED AT 6:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Carl H. Jans M.D. **22B. ADDRESS:** Morenci Arizona **22C. DATE SIGNED:** 2-7-58

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?

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

25A. BURIAL [X] **CREMATION** [ ] **REMOVAL** [ ]
25B. DATE 2/8/58
25C. NAME OF CEMETERY OR CREMATORY Fraternal
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Morenci Ariz

26A. DATE REC. BY LOCAL REG. FEB 8 1958
26B. REGISTRAR'S SIGNATURE Edna Strickland Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE J. McMillan
27B. ADDRESS Clifton Ariz

FORM VS-2 REV. 6-1-53 AMPCO 77695

6 06 — DATE OF DEATH
2 AND 72 — USUAL RESIDENCE
0302
1 3 1 8 — DECEDENT PERSONAL DATA
2-58
4 7-00 — CAUSE OF DEATH (ITEM 18)
0 0
4 — MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
1 — CORONER'S CERTIFICATION
18 2 — FUNERAL DIRECTOR AND REGISTRAR
160