

CERTIFICATE OF DEATH

REGISTRAR'S NO.

7286  
52

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN OR CITY IN ARIZONA <b>32 yrs Life</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <b>Claypool</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 Grover Canyon</b>			D. STREET ADDRESS <b>10 Grover Canyon</b>		
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			(IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Aniceta</b> B. (MIDDLE) <b>Portillo</b> C. (LAST)			4. SEX <b>Fem.</b>		5. COLOR OR RACE <b>White</b>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		
6B. NAME OF SPOUSE <b>Deceased</b>			7. DATE OF BIRTH MONTH <b>4</b> DAY <b>17</b> YEAR <b>1882</b>		8. AGE (IN YEARS) (LAST BIRTHDAY) <b>76 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>Arizona</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>None</b>	
14A. FATHER'S NAME <b>Rodrigo Solis</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>		15A. MOTHER'S MAIDEN NAME <b>Rafaela Anchondo</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>	

16. INFORMANT'S SIGNATURE <i>X58</i> <b>Consuelo Trujillo, Tucson, Ariz.</b>			ADDRESS			17. DATE OF DEATH (MONTH) <b>Nov.</b> (DAY) <b>29,</b> (YEAR) <b>1958</b>	
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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>Pneumonia</b> DUE TO (B) <b>Deceased Popularity + Mal-Nutrition - Alcoholism</b> DUE TO (C) <b>Hypertension - (Years)</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		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>1915</b> IS <b>Nov 28</b> 19 <b>58</b> , AND THAT DEATH OCCURRED AT <b>6:45 AM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <b>E. J. J...</b>		(DEGREE OR TITLE)		22B. ADDRESS <b>Box 209, Miami, Ariz</b>		22C. DATE SIGNED <b>12/6/58</b>	

23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE		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 <b>Nov. 30, 1958</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Final Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona</b>	
26A. DATE REC. BY LOCAL REG. <b>12-4-58</b>		26B. REGISTRAR'S SIGNATURE <b>Walter D. Grayson</b>		27A. GENERAL DIRECTOR'S SIGNATURE <b>Walter D. Grayson</b>		27B. ADDRESS <b>297419</b>	
28. EMBALMER'S CERT. NO.				29. EMBALMER'S SIGNATURE <b>Walter D. Grayson</b>			

4  
# OF DEATH  
AND  
RESIDENCE  
PRECEDENT  
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76  
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493X  
CAUSE  
OF  
DEATH  
TEM 18)  
OPERATIONS,  
AUTOPSY  
MEDICAL  
CERTIFICATION  
DEATH  
DUE TO  
EXTERNAL  
VIOLENCE  
CORONER'S  
CERTIFICATION  
GENERAL  
DIRECTOR  
AND  
REGISTRAR  
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