

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

8857

CERTIFICATE OF DEATH

REGISTRAR'S NO.

36

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE 0407	1. PLACE OF DEATH A. COUNTY Graham		B. LENGTH OF STAY IN THIS TOWN 2 hrs IN ARIZONA 70 yrs		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. # 36 (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) B. COUNTY Graham	
	C. CITY OR TOWN Safford		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Solomon		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Safford Inn Hospital				D. STREET (IF RURAL, GIVE LOCATION) 3 Blocks N. E. Of P. O.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PRECEDENT PERSONAL DATA 76	3. NAME OF DECEASED (TYPE OR PRINT) FRANCISCO M. ALVARADO			4. SEX M	5. COLOR OR RACE Mexican	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Bartolda		7. DATE OF BIRTH MONTH DAY YEAR June 18 1884	8. AGE (IN YEARS) LAST BIRTHDAY 76	IF UNDER 1 YEAR MONTHS DATE	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) laborer	
	9B. KIND OF BUSINESS OR INDUSTRY Farming	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. ---			
OPERATIONS AUTOPSY	14A. FATHER'S NAME Domingo Alvarado		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Esquipula Muri		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		
	16. INFORMANT'S SIGNATURE Bartolda Alvarado			17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 23, 1961				
	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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Coronary Thrombosis DUE TO (B) Arterio Sclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
MEDICAL CERTIFICATION	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 5/8/61, 19___ TO 5/23/61 19___ THAT I LAST SAW THE DECEASED ALIVE ON 5/23/61, 19___ AND THAT DEATH OCCURRED AT 7:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) J. Lopez M.D.		22B. ADDRESS 503 6 th Ave Safford, Ariz		22C. DATE SIGNED 5/23/61			
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL CAUSE <input checked="" type="checkbox"/>		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 M		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		
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 5/25/61		25C. NAME OF CEMETERY OR CREMATORY Solomon Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Solomon, Arizona	
	26A. DATE REC'D BY LOCAL REG May 23/61		26B. REGISTRAR'S SIGNATURE Otilio A. Lopez		27A. FUNERAL DIRECTOR'S SIGNATURE W.H. Caldwell		27B. ADDRESS Safford Ariz	
	28A. EMBALMER'S SIGNATURE Dale Abartsted		28B. EMBALMER'S CART. NO. 368A					