

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. #4562

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Graham		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 37 yrs 69 yrs <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE A. STATE Arizona		(WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY Graham		
	C. CITY OR TOWN Solomon				C. CITY OR TOWN Solomon		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
DECEDENT PERSONAL DATA	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2 miles N. E. Solomon				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 2 miles N. E. Solomon		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) SOLEDAD B. (MIDDLE) REYES C. (LAST) MORENO			4. SEX Fe	5. COLOR OR RACE Mexican	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed			
OPERATIONS/AUTOPSY	6B. NAME OF SPOUSE ----		7. DATE OF BIRTH MONTH DAY YEAR April 14 1882	8. AGE (IN YEARS LAST BIRTHDAY) 79	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) Housewife		
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? Mexico	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO.		
MEDICAL CERTIFICATION	14A. FATHER'S NAME Evaristo Reyes		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Paula Delatorre		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		
	16. INFORMANT'S SIGNATURE x Alice M. Grijalva				17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 23 1961				
DEATH DUE TO EXTERNAL VIOLENCE	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CORONER'S CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/21 1948 TO 6/23 1961 THAT I LAST SAW THE DECEASED ALIVE ON 6/13 1961 AND THAT DEATH OCCURRED AT 3 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	22A. SIGNATURE D. E. Nelson				22B. ADDRESS Safford Arizona		22C. DATE SIGNED 6/29/61		
FUNERAL DIRECTOR AND REGISTRAR	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (IF 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?				
FUNERAL DIRECTOR AND REGISTRAR	24A. CORONER'S SIGNATURE W. E. Clifford		24B. ADDRESS Safford Arizona		24C. DATE SIGNED 6-29-61				
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 8-26-61		25C. NAME OF CEMETERY OR CREMATORY San Jose Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Jose, Arizona		
CORONER'S CERTIFICATION	26A. DATE REC BY LOCAL REC		26B. REGISTRAR'S SIGNATURE Chas. Lopez		27A. FUNERAL DIRECTOR'S SIGNATURE W. E. Clifford		27B. ADDRESS Safford		
	26C. DATE REC BY LOCAL REC		26D. REGISTRAR'S SIGNATURE W. E. Clifford		26E. EMBALMER'S SIGNATURE W. E. Clifford		26F. EMBALMER'S CERT. NO. 291		

109