

1514

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO. **3394**

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY Gila  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Winkelman  
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 23 years - 84 yrs  
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)  
A. STATE Arizona B. COUNTY Gila  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Winkelman  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

REGISTRAR'S NO.

04 97  
OF DEATH  
AND  
RESIDENCE  
5

3. NAME OF DECEASED

A. (FIRST) Dolores B. (MIDDLE) Valenzuela C. (LAST) Martinez

4. SEX Female 5. COLOR OR RACE White

6. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

7. DATE OF BIRTH Dec 16 1885 AGE 6 27 YEARS MONTHS DAYS

8. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) None

9. KIND OF BUSINESS OR INDUSTRY None

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mex

11. CITIZEN OF WHAT COUNTRY? U.S. A

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No

13. SOCIAL SECURITY NO. None

14A. FATHER'S NAME Toreveo Valenzuela

14B. BIRTHPLACE (STATE OR COUNTRY) Mexico

15A. MOTHER'S MAIDEN NAME Teresa Trujio

15B. BIRTHPLACE (STATE OR COUNTRY) Mexico

16. INFORMANT'S SIGNATURE Gore M. Martin

17. DATE OF DEATH July 13, 1949

17. DATE OF DEATH (MONTH) (DAY) (YEAR)

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 CONDITIONS DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis  
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. Arterio-sclerosis  
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT 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

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-28 1949 TO July 13 1949 ALIVE ON July 8 1949 AND THAT DEATH OCCURRED AT 9:30 FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Charles H. Hutton

23B. ADDRESS Hayden, Arizona

23C. DATE SIGNED 7-13-49

24A. BURIAL  CREMATION REMOVAL

24B. DATE July 14-49

24C. NAME OF CEMETERY OR CREMATORY Mountain View

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Winkelman City

25A. DATE REC'D BY LOCAL REG. 7-19-49

25B. REGISTRAR'S SIGNATURE P. G. Hutton

26. FUNERAL DIRECTOR'S SIGNATURE P. G. Hutton ADDRESS Winkelman

27. EMBALMER'S SIGNATURE P. G. Hutton CERT. NO.

IDENT  
PERSONAL  
DATA  
185  
8  
749

CAUSE  
OF  
DEATH  
M 181

OPERATIONS  
AUTOPSY  
2  
CAUSE  
OF  
DEATH  
E TO  
INTERNAL  
EVIDENCE

MEDICAL  
CORONER'S  
CERTIFICATION

GENERAL  
DIRECTOR  
AND  
REGISTRAR