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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 82.

04 DEATH 19 0201 IDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Gila</i>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Chrysotile Mine, Globe Area</i>		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>3 wks 60 yrs</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Chrysotile Mine</i>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gila Co. Hospital</i>				
NT 3 IAL 171 8 X49	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Antonio</i> B. (MIDDLE) C. (LAST) <i>Pamirez</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR <i>June 13 1878</i>		8. AGE YEARS MONTHS DAYS <i>70 5 2</i>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Retired Miner</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Mining</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>
	11. CITIZEN OF WHAT COUNTRY? <i>Mex.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		13. SOCIAL SECURITY NO. <i>527-36-0277</i>
14A. FATHER'S NAME <i>Unknown</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>		15A. MOTHER'S MAIDEN NAME <i>Unknown</i>	
16. INFORMANT'S SIGNATURE <i>Rachel Castillo</i>		ADDRESS <i>Miami Ariz</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Nov. 15 1949</i>	
331X H 0 18)	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) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>hypertension</i> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> <i>10 years</i> <i>15 years</i>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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)
H TO IAL ICE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Nov 7 1949</i> TO <i>Nov 15 1949</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Nov 15 1949</i> AND THAT DEATH OCCURRED AT <i>8:30 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
AL NER'S ATION	23A. SIGNATURE <i>Robert Stearns, M.D.</i>		23B. ADDRESS <i>Globe</i>		23C. DATE SIGNED <i>Nov 14 1949</i>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Nov 19 1949</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>
AL OR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>		25A. DATE REC'D BY LOCAL REG. <i>11-14-49</i>		25B. REGISTRAR'S SIGNATURE <i>Inez Navalee</i>
	25C. FUNERAL DIRECTOR'S SIGNATURE <i>Rita G. Miles</i>		25D. ADDRESS <i>Miami Ariz.</i>		26. REGISTRAR'S SIGNATURE <i>Inez Navalee</i>