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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 5021 STATE FILE NO.
CERTIFICATE OF DEATH REGISTRAR'S NO. J

6149

4 94 OF DEATH ND RESIDENCE	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Hayden		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Hayden		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION San Pedro Avenue		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
1 1 ONAL ATA 164 8 449	3. NAME OF DECEASED A. (FIRST) Ursulo B. (MIDDLE) Beltran C. (LAST) Pena			4. SEX male	5. COLOR OR RACE white
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Oct DAY 23 YEAR 1885		8. AGE YEARS 64 MONTHS 1 DAYS 20	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer
	9B. KIND OF BUSINESS OR INDUSTRY opper concern	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? Mexico <input checked="" type="checkbox"/>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO. 526-09-0019
	14A. FATHER'S NAME Francisco Pena	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Perpetua Beltran	15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
16. INFORMANT'S SIGNATURE Deliciana L. Pena ADDRESS			17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 13 1949		
USE 502 OF ATH M 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Senile Debility ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Chronic Bronchitis DUE TO (b) 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 ?
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY
ATH TO RNAL ENCE	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 Sept 9th 1949 TO Dec. 13, 1949 THAT I LAST SAW THE DECEASED ALIVE ON Dec. 13, 1949 AND THAT DEATH OCCURRED AT 2P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
ICAL ONER'S CATION	23A. SIGNATURE James M. Walsh, M.D. (DEGREE OR TITLE)		23B. ADDRESS Hayden, Arizona		23C. DATE SIGNED 12-15-49
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Dec. 16, 1949	24C. NAME OF CEMETERY OR CREMATORY Mountain View		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Winkelman, Gila Co. Ariz
ERAL CTOR ND TRAR 18	25A. DATE REC'D BY LOCAL REG. Dec 16, 1949		25B. REGISTRAR'S SIGNATURE M.P. Pugh		26. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS Harold M. Smith - Superior, Ariz
					27. EMBALMER'S SIGNATURE Harold M. Smith CERT. NO. 229-A