

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 10

04 OF DEATH 76 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Dela</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>Ariz.</i> B. COUNTY <i>Dela</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE 'RURAL') OR TOWN <i>Miami - Quail</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>33 yr. 33 yr.</i>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sparks Trail</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>624 Sykes</i>	

3 IDENT PERSONAL DATA 133 7 147	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Juan</i> B. (MIDDLE) <i>C.</i> C. (LAST) <i>Pigana</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>June</i> DAY <i>16</i> YEAR <i>1917</i>		8. AGE YEARS <i>33</i> MONTHS <i>7</i> DAYS <i>7</i>
	9B. KIND OF BUSINESS OR INDUSTRY <i>Mining</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Lordsburg N.M.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>Yes World War II</i>		13. SOCIAL SECURITY NO. <i>526-20-8739</i>		14. FATHER'S NAME <i>Cecil Pigana</i>	
15. INFORMANT'S SIGNATURE <i>Jeannette Pigana</i>		16. ADDRESS <i>Miami Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Jan. 23 1951</i>	

9731 USE OF ATH 181	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (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) _____ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 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 checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>Suicide</i>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Mountain 9 miles N. of Del Rio</i>		21C. (CITY OR TOWN) (COUNTY) (STATE) <i>Dela Arizona</i>

ATH TO RNAL ENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Person manovide gas</i>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <i>Edw. de Shute Coroner</i>		23B. ADDRESS <i>Box 811 Del Rio, Arizona</i>	

ICAL ONER'S CATION	23C. DATE SIGNED <i>3-12-51</i>		24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE <i>Mar 13, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cornal Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>	
	25A. DATE REC'D BY LOCAL REG. <i>3/15/51</i>		25B. REGISTRAR'S SIGNATURE <i>Nelson D. Brayton</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Rita S. Miles</i>		26. ADDRESS <i>Miami Ariz.</i>		27. EMBALMER'S SIGNATURE <i>Paul M. Clante</i>	