

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

20.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
	A. COUNTY <u> Graham </u>		A. STATE <u> Ariz </u> B. COUNTY <u> Graham </u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u> Solomon Rural </u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u> Solomon Rural </u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u> 37 yrs. 37 </u>				
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				

IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX	5. COLOR OR RACE
	A. (FIRST) <u> JOSEFA </u>			B. (MIDDLE)	C. (LAST) <u> AMADO </u>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH	8. AGE
	9B. KIND OF BUSINESS OR INDUSTRY <u> Housewife </u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u> Mexico </u>	11. CITIZEN OF WHAT COUNTRY? <u> Mexico </u>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u> No </u>			13. SOCIAL SECURITY NO. <u> No </u>		
14A. FATHER'S NAME <u> Paz Herrera </u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u> Mexico </u>	15A. MOTHER'S MAIDEN NAME <u> Tomasa Cariasto </u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u> Mexico </u>
16. INFORMANT'S SIGNATURE <u> X Servas H Cornelias </u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u> March, 3-1951 </u>		

CAUSE OF DEATH	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <u> Glomerulonephritis </u>			Several mo.
	PLACE DISEASE CONTRACTED.		2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: <u> Senility + obesity </u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

CIRCUMSTANCES OF INJURY	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 <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 <u> 37 Feb 1951 </u> TO <u> 3 Mar 1951 </u> . THAT I LAST SAW THE DECEASED ALIVE ON <u> 2 May 1951 </u> AND THAT DEATH OCCURRED AT <u> 6 P </u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.			

CERTIFICATION	23A. SIGNATURE <u> J. W. Knight M.D. </u>		23B. ADDRESS <u> Safford Ariz </u>	23C. DATE SIGNED <u> 3/5/51 </u>
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u> 3/5/51 </u>	24C. NAME OF CEMETERY OR CREMATORY <u> Solomon Arizona </u>

REGISTRATION	25A. DATE REC'D BY LOCAL REG. <u> Mar 9 1951 </u>		25B. REGISTRAR'S SIGNATURE <u> J. N. Stottard </u>	26. FUNERAL DIRECTOR'S SIGNATURE <u> H. C. Rawson </u>	27. EMBALMER'S SIGNATURE <u> H. C. Rawson </u>	CERT. NO. <u> 116 </u>
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