

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2107 ✓

CERTIFICATE OF DEATH

04 94 OF DEATH IND 201 RESIDENCE 5	BIRTH NO.		1. PLACE OF DEATH		REGISTRAR'S NO. 35		
	A. COUNTY Gila		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Globe		A. STATE Arizona		
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 15 days 44yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe		B. COUNTY Gila		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) Gila General Hospital, Globe, Ariz			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rural-Highway 60-70 east Globe				
3. NAME OF DECEASED (TYPE OR PRINT) Solomon Padilla Martinez			4. SEX male		5. COLOR OR RACE Mexican		
6. MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH approx 1857		8. AGE 94 approx		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) unknown	
9B. KIND OF BUSINESS OR INDUSTRY unknown		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY MEXICO		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 unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME unknown	
15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		16. INFORMANT'S SIGNATURE Rosa Ruben G. G. G.		17. DATE OF DEATH April 25, 1951 11:30 a.m.			
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* Arterio-sclerotic heart disease. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility				INTERVAL BETWEEN ONSET AND DEATH years	
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)			
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 4-10 1951 TO 4-25 1951 THAT I LAST SAW THE DECEASED ALIVE ON 4-25 1951 AND THAT DEATH OCCURRED AT M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
23A. SIGNATURE Alexander J. Gosse, M.D.		23B. ADDRESS Globe, Ariz		23C. DATE SIGNED 4-25-51			
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE April 27, 1951		24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
25A. DATE REC'D BY LOCAL REG. 4-25-51		25B. REGISTRAR'S SIGNATURE Irene Naumbe		26. FUNERAL DIRECTOR'S SIGNATURE Address Gilbert V. Walker, Globe, Arizona		27. EMBALMER'S SIGNATURE CERT. NO. Frank Steady, 248-A.	