

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

04 04 OF DEATH 25 25 ND RESIDENCE 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 OR RURAL), <i>Miami</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>30 yr. 55</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION <i>1221 Quez St.</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>1221 Quez St.</i>	

3 DENT 1 ONAL STA 155 1 657 5230 USE 0 ATH M 18) 0	3. NAME OF DECEASED A. (FIRST) <i>Frank</i> B. (MIDDLE) <i>G.</i> C. (LAST) <i>Mariscal</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
	6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <i>April</i> DAY <i>2</i> YEAR <i>1896</i>	
	8. AGE YEARS <i>55</i> MONTHS <i>2</i> DAYS <i>17</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Merchant</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Signer</i>
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico Ariz.</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>no no</i>

14A. FATHER'S NAME <i>Silviano Mariscal</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		15A. MOTHER'S MAIDEN NAME <i>Macedonia Guerra</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>	
16. INFORMANT'S SIGNATURE <i>Michael Mariscal</i>				ADDRESS <i>Miami Ariz.</i>			
17. DATE OF DEATH MONTH <i>June</i> DAY <i>19</i> YEAR <i>1951</i>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C)		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Coronary atherosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
*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.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) <i>Sclerosis</i>		<i>10 yr. 1</i>	
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING 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)		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 *on June 19, 1951* FROM *10:57* TO *June 19, 1951* THAT I LAST SAW THE DECEASED ALIVE ON *June 19, 1951* AND THAT DEATH OCCURRED AT *3:25 PM* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>Delva D. Dayton</i>	(DEGREE OR TITLE) <i>M. A.</i>	23B. ADDRESS <i>Miami</i>	23C. DATE SIGNED <i>June 21, 1951</i>
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19 ND STRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>June 23, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Coral Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
	25A. DATE REC'D BY LOCAL REG. <i>June 27, 1951</i>	25B. REGISTRAR'S SIGNATURE <i>Delva D. Dayton</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Miller</i>

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