

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3861

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 53

04 04  
OF DEATH  
AND  
201 25  
RESIDENCE  
5

31  
EDENT  
PERSONAL  
DATA 163  
8  
751

330 X  
CAUSE  
OF  
DEATH  
EM 18) 0

ACTIONS,  
TOPSY 2  
DEATH  
IE TO  
ERNAL  
LENCE -

DICAL  
RONER'S  
ICATION 1

IERAL  
ECTOR 17  
ND  
STRAR 2

770 679

1. PLACE OF DEATH A. COUNTY <i>Yila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Yila</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Globe</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami</i>	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>30 yr. 30 yr.</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>819 Sullivan</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Yila General Hosp.</i>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Bartolo</i>		B. (MIDDLE) <i>Prospero</i>	C. (LAST)
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>7</i> DAY <i>?</i> YEAR <i>1888 63</i>	8. AGE YEARS MONTHS DAYS <i>63 ? ?</i>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Janitor</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Car</i>	9C. CITIZEN OF WHAT COUNTRY? <i>Mex. ✓</i>
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>	12. SOCIAL SECURITY NO. <i>534-16-8225</i>
13. FATHER'S NAME <i>Unknown</i>		14. BIRTHPLACE (STATE OR COUNTRY) <i>Mex.</i>	15. MOTHER'S MAIDEN NAME <i>Unknown</i>
16. INFORMANT'S SIGNATURE <i>Sara Prospero</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>July 14 1951</i>	18. BIRTHPLACE (STATE OR COUNTRY) <i>Mex.</i>
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. PLACE DISEASE CONTRAICTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid Hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 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.	
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 <i>on July 14 1951</i> TO <i>July 14 1951</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>July 14 1951</i> AND THAT DEATH OCCURRED AT <i>7:10 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <i>William E. Bishop MD</i>		23B. ADDRESS <i>Globe Arizona</i>	23C. DATE SIGNED <i>7-19-51</i>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>July 16, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Paradise Cemetery</i>
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>			
25A. DATE REC'D BY LOCAL REG. <i>7-21-51</i>		25B. REGISTRAR'S SIGNATURE <i>Irene Hensler</i>	26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Yila S. Miles Miami Ariz.</i>
		27. EMBALMER'S SIGNATURE <i>W. H. McEllan</i>	CERT. NO. <i>200</i>