

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **41**

BIRTH NO.

DEATH AND RESIDENCE 04 2 1	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).	
	A. COUNTY <i>Gila</i>		A. STATE <i>Arizona</i> B. COUNTY <i>Gila</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <i>Miami</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <i>Miami</i>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>27 yrs 5 mos</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Skyline Trail</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET, HOSPITAL OR INSTITUTION) <i>Miami Inspection Hospital</i>				

IDENT PERSONAL DATA 152 3 951	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX		5. COLOR OR RACE			
	<i>Amado L. Mendaza</i>			<i>male</i>		<i>white</i>			
	6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)		7. DATE OF BIRTH (MONTH, DAY, YEAR)		8. AGE (YEARS, MONTHS, DAYS)		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)		
	<input checked="" type="checkbox"/> <input type="checkbox"/>		<i>April 30 1899</i>		<i>52 7 7</i>		<i>miner</i>		
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO.	
<i>Copper Co.</i>		<i>Arizona</i>		<i>U. S.</i>		<i>no no</i>		<i>526-07-2654</i>	
14A. FATHER'S NAME			14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME			15B. BIRTHPLACE (STATE OR COUNTRY)	
<i>Felisa Mendaza</i>			<i>Unknown</i>		<i>Unknown Lujan</i>			<i>Unknown</i>	
16. INFORMANT'S SIGNATURE					17. DATE OF DEATH (MONTH, DAY, YEAR)				
<i>X Mrs. A.L. Mendoza Sky Line Trail</i>					<i>Sept. 7 1951</i>				

CAUSE OF DEATH (EM 18) 2 2	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <i>Pulmonary Hemorrhage</i>		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. <i>Sited-Tuberculosis</i>		<i>17 days</i>	
	*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		II. OTHER SIGNIFICANT CONDITIONS			
	PLACE DISEASE CONTRACTED.		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, AUTOPSY DEATH DUE TO INTERNAL INJURY 2 1	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> )	
	<i>none</i>						
	21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		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?			

MEDICAL CORONER'S CERTIFICATION 19	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Aug 20 1951</i> TO <i>Sept 7 1951</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Sept 7 1951</i> AND THAT DEATH OCCURRED AT <i>IP</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <i>L. J. Bozys M.D.</i>		23B. ADDRESS <i>Box 1857 - Miami Ariz</i>		23C. DATE SIGNED <i>Sept 21 1951</i>	

GENERAL DIRECTOR AND REGISTRAR 2	24A. BURIAL (CREMATION REMOVAL) <input checked="" type="checkbox"/> <input type="checkbox"/>		24B. DATE <i>Sept 9 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>		
	25A. DATE REC'D BY LOCAL REG. <i>10/1/51</i>		25B. REGISTRAR'S SIGNATURE <i>Nelson D. Brayton</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>L. J. Bozys</i>		27. EMBALMER'S SIGNATURE <i>L. J. Bozys</i>		
						ADDRESS <i>Miami Ariz</i>		CERT. NO. <i>244A</i>	

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