

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6219

CERTIFICATE OF DEATH

REGISTRAR'S NO. 464

DEATH 25 RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>DeLa</i>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>ary.</i> B. COUNTY <i>DeLa</i>					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Miami</i>)			C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>25 yr. 10 yr.</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami</i>				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) <i>87 Red Springs</i>									
	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>87 Red Springs</i>									
BIRTH 9 VAL 189 8 X51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Manuel</i> B. (MIDDLE) C. (LAST) <i>Perez</i>			4. SEX <i>Male</i>		5. COLOR OR RACE <i>White</i>				
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>June</i> DAY <i>18</i> YEAR <i>1862</i>		8. AGE YEARS <i>89</i> MONTHS <i>4</i> DAYS <i>15</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <i>Rancher (Retired)</i>			
	9B. KIND OF BUSINESS OR INDUSTRY <i>Cattle</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>		11. CITIZEN OF WHAT COUNTRY? <i>Mexico</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>			
	13. SOCIAL SECURITY NO. <i>526-26-0635</i>		14A. FATHER'S NAME <i>Jose Perez</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		15A. MOTHER'S MAIDEN NAME <i>Antonia Alvarez</i>			
	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mex</i>		16. INFORMANT'S SIGNATURE <i>Angelita V Lopez</i>		ADDRESS <i>Miami Ariz.</i>		17. DATE OF DEATH (MONTH) <i>Nov.</i> (DAY) <i>6</i> (YEAR) <i>1951</i>			
CAUSE 181	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 CONTRACTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH† (a) <i>Coronary Occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Several days</i>	
					ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Arteriosclerotic Heart Disease</i>					
					DUE TO (c) <i>Recompensation</i>					
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.										
OPERATION 2	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)					
INJURY 2	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>1950</i> TO <i>2/6/51</i> , 1951, THAT I LAST SAW THE DECEASED ALIVE ON <i>11/6/51</i> , 1951, AND THAT DEATH OCCURRED AT <i>2 p.m.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
CERTIFICATION 19	23A. SIGNATURE (DEGREE OR TITLE) <i>Dr. J. E. Javer</i>			23B. ADDRESS <i>Miami Ariz.</i>			23C. DATE SIGNED <i>11/9/51</i>			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Nov. 8, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>			
LOCAL REG. 2	25A. DATE REC'D BY LOCAL REG. <i>Nov 13 1951</i>		25B. REGISTRAR'S SIGNATURE <i>Armando B. ...</i>			26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>...</i>			27. EMBALMER'S SIGNATURE CERT. NO. <i>294 D</i>	