

CERTIFICATE OF DEATH

REGISTRAR'S NO.

140

2 OF DEATH AND 11 L RESIDENCE 0303	1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE A. STATE Ariz. Cochise B. COUNTY C. CITY OR TOWN Douglas		3. NAME OF DECEASED A. (FIRST) Jacinto B. (MIDDLE) Jose C. (LAST) Torres		4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Mar	
	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 27 yrs. 27 yrs.		D. STREET ADDRESS 417 C.		7. DATE OF BIRTH MONTH DAY YEAR June 10 1904		8. AGE (IN YEARS LAST BIRTHDAY) 49		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) painter		9B. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
PRECEDENT PERSONAL DATA 49 8 953	C. CITY OR TOWN Douglas		D. STREET ADDRESS 417 C.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZENSHIP OF WHAT COUNTRY? Mexico		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE DATES OF SERVICE) World War II		13. SOCIAL SECURITY NO. 563-22-6064	
	14A. FATHER'S NAME Vicente Torres		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Patricia Maldonado		15B. BIRTHPLACE (STATE OR COUNTRY) Mex.		16. INFORMANT'S SIGNATURE Curtis Torres		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 3, 1953	
CAUSE OF DEATH OF DEATH TEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C) <i>Sept 3</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. MEDICAL CERTIFICATION (A) <i>Uremia</i> DUE TO (B) <i>Arteriosclerosis nephrosclerosis</i> DUE TO (C)											
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION											
DEATH DUE TO INTERNAL POLENCE	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) (MIN)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
MEDICAL CORONER'S IFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Sept 1 1953</i> TO <i>Sept 3 1953</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Sept 3</i> 1953, AND THAT DEATH OCCURRED AT <i>1:30A</i> M FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23A. SIGNATURE <i>George M. Walker, M.D.</i> 23B. ADDRESS <i>Douglas, Arizona</i> 23C. DATE SIGNED <i>Sept 4, 1953</i>											
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <i>9-5-53</i> 24C. NAME OF CEMETERY OR CREMATORY <i>Calvary</i> 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Douglas, Arizona</i>											
INTERNAL RECTOR AND SISTRAR 127	25A. DATE REC'D BY LOCAL REG. <i>Sept. 4/53</i> 25B. REGISTRAR'S SIGNATURE <i>Geo. Edelman</i> 25C. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Douglas, Arizona</i> 26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Curtis Page Douglas, Ariz.</i> 27. EMPLOYER'S SIGNATURE CERT. NO. <i>321</i>											
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