

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

7399

BIRTH NO. 04 34		1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION.) A. STATE Colorado		REGISTRAR'S NO. 14	
PRECEDENT PERSONAL DATA 137		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN OR CITY) Christmas		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 MO. 2 MO.		IF INSTITUTION: B. COUNTY Chaffee	
3. NAME OF DECEASED TYPE OR PRINT, (FIRST, MIDDLE, LAST) Candido G. Perea		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET, HOSPITAL OR INSTITUTION, AND LOCATION) Christmas Mine		E. STREET ADDRESS 355 Sackett Ave.		IF RURAL, GIVE LOCATION)	
4. MARRIED NEVER MARRIED WIDOWED		7. DATE OF BIRTH MONTH 4 YEAR 15 1916		8. AGE YEARS 37 MONTHS 7 DAYS 24		4. SEX male	
5. KIND OF BUSINESS OR INDUSTRY Mining		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado		11. CITIZENSHIP U. S. A.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Miner	
14A. FATHER'S NAME Alfredo Perea		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Unknown		13. SOCIAL SECURITY NO. 521-26-4527	
16. INFORMANT'S SIGNATURE P. G. Hutchins		ADDRESS Christmas, Via Washburn		17. DATE OF DEATH (DAY) December (MONTH) 9 (YEAR) 1953		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (a) OR (b). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Skull Fracture		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
CAUSE OF DEATH ITEM 18) 00		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (R), STATING THE UNDERLYING CAUSE LAST.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ERATIONS, AUTOPSY		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		21C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO INTERNAL POLLENCE		21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Riviera Mines		21F. HOW DID INJURY OCCUR? Mine Cave-in	
MEDICAL INFORMER'S SIGNATURE AND TITLE		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 19 12 1953 AND THAT DEATH OCCURRED AT 12:45 PM		23A. SIGNATURE AND TITLE OF REGISTRAR Wm. B. Stump		23B. ADDRESS Flagden, Ariz.	
MEDICAL INFORMER'S SIGNATURE AND TITLE		24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL		24B. DATE 11-11-53		24C. NAME OF CEMETERY OR CREMATORY Flagden	
MEDICAL INFORMER'S SIGNATURE AND TITLE		25A. DATE REC'D BY LOCAL REG. 12-11-53		25B. REGISTRAR'S SIGNATURE William B. Stump		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Flagden, Ariz.	
MEDICAL INFORMER'S SIGNATURE AND TITLE		26. FUNERAL DIRECTOR'S SIGNATURE Wm. B. Stump		27. EMBALMER'S SIGNATURE Wm. B. Stump		23C. DATE SIGNED 12-11-53	
MEDICAL INFORMER'S SIGNATURE AND TITLE		28. REGISTRAR'S SIGNATURE Wm. B. Stump		29. ADDRESS Flagden, Ariz.		CERT. NO. 338	