

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 150

OF DEATH AND RESIDENCE 2201	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>6 Days</u> <u>34 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>711 B. Live Oak St.</u>		
DECEDENT PERSONAL DATA 156	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Delores</u> B. (MIDDLE) <u>Chavez</u> C. (LAST) <u>Remos</u>			4. SEX <u>Fem</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	
	5B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH DAY YEAR <u>Mar. 16 1898</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>56 Yrs</u>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New Mexico</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>
CAUSE OF DEATH EM 18) 2 9	14A. FATHER'S NAME <u>Octaviano Chavez</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New Mexico</u>		15A. MOTHER'S MAIDEN NAME <u>Unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>
	16. INFORMANT'S SIGNATURE <u>Albert Remos Miami, Ariz</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 5, 1954</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>Uremia</u> ‡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.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Uremia</u> DUE TO (B) <u>Renal tuberculosis</u> DUE TO (C) <u>Pulmonary tuberculosis</u> 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Adrenal Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
OPERATIONS, TUPSY 1	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
CAUSE TO FATAL INJURY	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)		
MEDICAL CORONER'S SIGNIFICATION	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?		
GENERAL CTOR ND 2 STRAB 134	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 31, 1954</u> TO <u>April 5, 1954</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>April 5, 1954</u> AND THAT DEATH OCCURRED AT <u>7:15 A.M.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				23A. SIGNATURE (DEGREE OR TITLE) <u>William E. Bishop M.D.</u>		23B. ADDRESS <u>Globe, Arizona.</u>
	23C. DATE SIGNED <u>4/5/54</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>April 10, 1954</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>		25A. DATE REC'D BY LOCAL REG. <u>4-12-54.</u>		25B. REGISTRAR'S SIGNATURE <u>Inez Wauwelle</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>
	27. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>