

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2995

CERTIFICATE OF DEATH

REGISTRAR'S NO. 537

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 80yrs IN ARIZONA 80yrs <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN Tucson		A. STATE Arizona			B. COUNTY Pima	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 921 Anita Ave				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 921 Anita Ave		
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) Ignacio C. Calvillo			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed	
	6B. NAME OF SPOUSE Jesus		7. DATE OF BIRTH MONTH DAY YEAR Feb 8 1868	8. AGE (IN YEARS LAST BIRTHDAY) 86	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) miner (retired)
	9B. KIND OF BUSINESS OR INDUSTRY mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Hermosillo, Mex	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no		13. SOCIAL SECURITY NO. none	
	14A. FATHER'S NAME Calvillo		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Mariana Corella		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE <i>Clara Calvillo</i>			ADDRESS 921 Anita Ave		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 1, 1954	
	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 CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH	
OPERATIONS & AUTOPSY	19A. DATE OF OPERATION 31 <sup>st</sup> March 1954		19B. MAJOR FINDINGS OF OPERATION Gangrene of Right leg amputation below knee			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM November 1953, TO May 1, 1954, THAT I LAST SAW THE DECEASED ALIVE ON April 30, 1954, AND THAT DEATH OCCURRED AT 5:10 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CERTIFICATION	22A. SIGNATURE <i>Paul Melker M.D.</i>		22B. ADDRESS Tucson, Arizona		22C. DATE SIGNED		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE May 4, 1954		25C. NAME OF CEMETERY OR CREMATORY Holy Hope Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona.
	26A. DATE REC. BY LOCAL REG. 5-4-54		26B. REGISTRAR'S SIGNATURE <i>Juan C. Ochoa</i>		27A. FUNERAL DIRECTOR'S SIGNATURE TUCSON MORTUARY <i>Joe Carrillo</i>		27B. ADDRESS TUCSON, Ariz