

CERTIFICATE OF DEATH

BIRTH NO. 24611

REGISTRAR'S NO. 221

24 04  
PLACE OF DEATH  
19 AND 19  
LEGAL RESIDENCE  
0201

DECEDENT  
PERSONAL  
DATA 401

CAUSE  
OF  
DEATH  
(ITEM 18) 0  
0

OPERATIONS,  
AUTOPSY 9

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR 17  
2

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN life IN ARIZONA life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe		<input 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) Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 599 Blake st.			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Infant B. (MIDDLE) Rose C. (LAST) Angeli Rivera			4. SEX female	5. COLOR OR RACE Mex	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) never married		
6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH DAY YEAR Oct 27 1954	B. AGE (IN YEARS LAST BIRTHDAY) 0	IF UNDER 1 YEAR MONTHS DAYS 0 0	IF UNDER 24 HRS. HOURS MIN. 0 5	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) infant	
9B. KIND OF BUSINESS OR INDUSTRY infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Globe, Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.A		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no no		13. SOCIAL SECURITY NO. none	
14A. FATHER'S NAME Merced Rivera		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Angelina Valencia		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE <i>Merced Rivera</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Nov. 27-1954 5:35pm			
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. 70-20 (C)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Asphyxia Neonatorum DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Feb 11, 1954</i> TO <i>Nov 27, 1954</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Nov 27, 1954</i> AND THAT DEATH OCCURRED AT <i>11:27 AM 5:35 PM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (DEGREE OR TITLE) <i>Alexander J. Boser, M.D.</i>				22B. ADDRESS <i>Globe</i>		22C. DATE SIGNED <i>12-2-54</i>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
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	
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE Nov 28, 1954		25C. NAME OF CEMETERY OR CREMATORY Central Heights Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central Heights, Arizona.	
26A. DATE REC. BY LOCAL REG. <i>12-2-54</i>		26B. REGISTRAR'S SIGNATURE <i>Jane Haulee</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Gene James Washburn</i>		27B. ADDRESS <i>Globe, Arizona</i>	