

CERTIFICATE OF DEATH

REGISTRAR'S NO.

261

74 04
CE OF DEATH
5 AND 19
AL RESIDENCE
X-

DECEDENT
PERSONAL
DATA 170
8
V. 54

CAUSE
OF
DEATH
ITEM 18

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR 17
3

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN OR FOREIGN COUNTRY 37 yrs 50 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila				
C. CITY OR TOWN Globe		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
D. FULL NAME OF HOSPITAL OR INSTITUTION		7 miles south, Cutter Air Field		D. STREET ADDRESS		518 1st St. (IF RURAL, GIVE LOCATION)				
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mr. Guillermo --- Alire B. (MIDDLE) --- C. (LAST) Alire			4. SEX male		5. COLOR OR RACE Mex		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed			
6B. NAME OF SPOUSE Juanita Pinon		7. DATE OF BIRTH MONTH DAY YEAR June 25 1884		8. AGE (IN YEARS LAST BIRTHDAY) 70		IF UNDER 1 YEAR MONTHS DAYS 5 22		IF UNDER 24 HRS. HOURS MIN. ** **		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) ret- gardener
9B. KIND OF BUSINESS OR INDUSTRY gardener		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY? Mexico		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) unknown ****		13. SOCIAL SECURITY NO. 526-40-2230		
14A. FATHER'S NAME Prudenciana Alire			14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Bonifacia Rubio			15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		
16. INFORMANT'S SIGNATURE Ernest Alire son Globe Ariz				ADDRESS		17. DATE OF DEATH Dec 18, 1954		(MONTH) (DAY) (YEAR)		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (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: (A) Arteriosclerotic heart disease; DUE TO (B) Decomposed and putrefied body 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 checked="" type="checkbox"/> NO <input type="checkbox"/>				
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED <i>in mortuary on 2-21-55</i> , THAT I LAST SAW THE DECEASED <i>live on</i> 19 <i>and</i> THAT DEATH OCCURRED AT <i>Phoenix</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
22A. SIGNATURE <i>Ernest Alire</i>			(DEGREE OR TITLE) <i>M.D.</i>			22B. ADDRESS <i>Phoenix</i>			22C. DATE SIGNED <i>2-21-55</i>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>natural</i>		(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 <i>Dec. 18 1954 M</i>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?						
24A. CORONER'S SIGNATURE <i>Walter Smith</i>				24B. ADDRESS <i>Box 811 Globe, Ariz</i>		24C. DATE SIGNED <i>2-21-55</i>				
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Feb 22, 1955		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona			
26A. DATE REC. BY LOCAL REG. <i>2-21-55</i>		26B. REGISTRAR'S SIGNATURE <i>James Wacker</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>James Wacker</i>			27B. ADDRESS <i>Globe, Arizona</i>			