

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

6184

CERTIFICATE OF DEATH

REGISTRAR'S NO. 20

PLACE OF DEATH ID RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>unknown</u>		B. LENGTH OF STAY IN THIS TOWN <u>-</u> IN ARIZONA <u>-</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Sonora, Mexico</u> B. COUNTY <u>-</u>	
	C. CITY OR TOWN <u>unknown</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Sonoyta</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Enroute from Sonoyta, Mex. to Ajo, Ariz.</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>Unknown</u> E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IDENT NAL A	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Feliciano</u> B. (MIDDLE) <u>Vega</u> C. (LAST) <u>Barrera</u>			4. SEX <u>M.</u>	5. COLOR OR RACE <u>Wh.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>never married</u>
	6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>10</u> DAY <u>9</u> YEAR <u>19</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>44</u>	IF UNDER 1 YEAR MONTHS <u>-</u> DAYS <u>-</u>	IF UNDER 24 HRS. HOURS <u>-</u> MIN. <u>-</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>contracting</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>	IF YES, WAR OR DATES OF SERVICE <u>no</u>	13. SOCIAL SECURITY NO. <u>527-32-4152</u>
	14A. FATHER'S NAME <u>Regelio Barrera</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Porfiria Vega</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>
SE TH 18	16. INFORMANT'S SIGNATURE <u>Jose Manuel Vega</u> ADDRESS <u>Ajo, Ariz.</u>			17. DATE OF DEATH (MONTH) <u>6</u> (DAY) <u>3</u> (YEAR) <u>64</u>		
	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: (A) <u>Probable Myocardial Infarction</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>-</u> DUE TO (C) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAL ATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>DOA</u> , 19 <u>-</u> , TO <u>-</u> , 19 <u>-</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>-</u> , 19 <u>-</u> , AND THAT DEATH OCCURRED AT <u>about 8:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <u>Ronald E. Troop</u> (DEGREE OR TITLE) <u>M.D.</u>			22B. ADDRESS <u>Ajo Arizona</u>		22C. DATE SIGNED <u>6-4-64</u>
DEATH DUE TO INTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) <u>Natural</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>-</u>		23C. (CITY OR TOWN) <u>Ajo</u> (COUNTY) <u>Pima</u> (STATE) <u>Ariz.</u>	
	23D. TIME (MONTH) <u>6</u> (DAY) <u>3</u> (YEAR) <u>64</u> (HOUR) <u>6:30</u> P.M.		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>-</u>	
ER'S ATION	24A. CORONER'S SIGNATURE <u>Walter Kelly</u>			24B. ADDRESS <u>Box 712 Ajo, Ariz.</u>		24C. DATE SIGNED <u>6-4-64</u>
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>6-5-64</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Ajo Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Ajo, Arizona</u>	
RAL FOR R	26A. DATE REC. BY LOCAL REG. <u>6-4-1964</u>	26B. REGISTRAR'S SIGNATURE <u>T. Elizabeth B. Dore</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>J. T. Mc Carthy</u>		27B. ADDRESS <u>Ajo Ariz.</u>
	28A. EMBALMER'S SIGNATURE <u>J. T. Mc Carthy</u>		28B. EMBALMER'S CERT. NO. <u>250A</u>			

