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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~182~~

County Registered No. 357

Local Registrar's No. 97

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Greenlee

District Met Colf

Town Or City Met Colf

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Carlos Torrez

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: ~~White Indian Black Chinese~~ Mexican ✓

SINGLE ✓ ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Dec (Month) 6 (Day) 1915 (Year)

AGE: ..... yrs. 10 mos. 24 days

If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: Siperiano Torrez

BIRTHPLACE OF FATHER (State or country): Old Mexico

MAIDEN NAME OF MOTHER: Catarina Cordena

BIRTHPLACE OF MOTHER (State or country): Old Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cyrano Torrez

(Address) Metcalf Arizona

PLACE OF BURIAL ~~OR REMOVAL~~: Metcalf Ariz

DATE OF BURIAL ~~OR REMOVAL~~: 10 – 30 – 1916

UNDERTAKER: —

ADDRESS: —

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 30 (Day) 1916 (Year)

I hereby certify, that I attended deceased from October 1916 to Oct 30, 1916; that I last saw him alive on 10/30 1916 and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing death was as follows: Acute Nephritis & Uremia

(Duration) ..... yrs. ..... mos. 15 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) ..... yrs. ..... mos. ..... days

(Signed) C. E. Pearson

10/31 1916 (Address) Mexcal X. Ariz

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. 10 mos. 24 ds. In Arizona ..... yrs. 10 mos. 24 ds.

Former or Usual Residence none

Filed 10 – 30 1916 W. F. Burns, Local Registrar

Filed NOV 9 1916 L. A. W. Burtch M.D., County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.