1436

596

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~957~~

County Registered No. 198

Local Registrar's No. 21

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Greenlee

District

Town Or City Metcalf

No. St.

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

FULL NAME Anel Torres

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: Nov (Month) 3 (Day) 1916 (Year)

AGE: yrs. 6 mos. 14 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: Rafael Torres
BIRTHPLACE OF FATHER (State or country): New Mexico
MAIDEN NAME OF MOTHER: Maria Encinas
BIRTHPLACE OF MOTHER (State or country): Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL 191

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 17 (Day) 1917 (Year)

I hereby certify, that I attended deceased from June 4 1917 to June 16 1917; that I last saw him alive on June 16 1917, and that death occurred on the date stated above at 3 P M. The DISEASE or INJURY causing death was as follows:

Gastro-enteritis

(Duration) yrs. mos. 13 days

Was disease contracted in Arizona? Yes

If not, where

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) E. J. Rowan

June 18 1917 (Address) Metcalf

*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. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence

Filed 1/5/17 191 [signature] Local Registrar

Filed JUL 12 1917 191 [signature] County Registrar

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.