

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 39

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 46 yrs. 46 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona COUNTY Cochise		
	C. CITY OR TOWN Pirtleville		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Pirtleville		<input checked="" 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) 73 Irvin St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 73 Irvin St.		
IDENTIFICATION DATA	3. NAME OF DECEASED (TYPE OR PRINT) Narciso Medrano Robles			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE Retired		7. DATE OF BIRTH MONTH DAY YEAR Oct. 29 1888	8. AGE (IN YEARS LAST BIRTHDAY) 66	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Smelterman
	9B. KIND OF BUSINESS OR INDUSTRY Retired	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) no		13. SOCIAL SECURITY NO. 526-09-7709
14A. FATHER'S NAME Plutarco Robles			14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Jesus Medrano		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
16. INFORMANT'S SIGNATURE Pirtleville, Ariz.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Feb. 22, 1955			

CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Coronary Arteriosclerosis		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown	
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. Due to coronary insufficiency		DUE TO (B) Arteriosclerosis		Unknown	
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Excess alcohol		DUE TO (C) Excess alcohol		Unknown	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DEATH DUE TO FATAL INJURY	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT **about 2:30 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) Dr. Douglas	22B. ADDRESS Angles, Arizona	22C. DATE SIGNED 2-24-55
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GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 2-25-55	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pirtleville, Ariz.
	25A. DATE REC'D BY LOCAL REG. FEB. 28/55	25B. REGISTRAR'S SIGNATURE G. W. Anderson		26. FUNERAL DIRECTOR'S SIGNATURE Curtis Page Douglas, Ariz.
			27. EMBALMER'S SIGNATURE Curtis Page	ADDRESS 321 CERT. NO.