9027

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

1. County Cochise
District Fifth Dist
Town or city Bentsonville No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index . . . No. 519
County Registrar's . No. ____
Local Registrar's . No. 199

2. FULL NAME Lelibi Lopez

(a) Residence. No. ____ St., ____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: Mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 2nd 1809

7. AGE: Years 115 | Months | Days | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Mexico

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER ____ (city or town) ____ (State or country)
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER ____ (city or town) ____ (State or country)

14. Informant John Lewis, Tombstone.
(Address)

15. Filed ____ 19__ ____ Local Registrar.
Filed 6-7- 19 24 John McCann County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 11 1924

17. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to May 11 1924
that I last saw him alive on May 10 1924
and that death occurred, on the date stated above, at 4 p.m.
The CAUSE OF DEATH* was as follows:

Old age

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

Signed L. E. Mack M. D.
May 12 1924 (Address) Bisbee

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS