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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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 60
County Registrar's - No. 307
Local Registrar's - - No.

PLACE OF DEATH

1. County Cochise
District Warren
Town or City Bisbee No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Cleofas Barron

(a) Residence. No. 35 C. Tin Town St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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)

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

6. DATE OF BIRTH (month, day and year) Dec. 1923

7. AGE

Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
1	6	1	

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

9. BIRTHPLACE (city or town) Bisbee
(State or country) Arizona

PARENTS

10. NAME OF FATHER Cleofas Barron
11. BIRTHPLACE OF FATHER San Bernardo (city or town)
(State or country) Durango, Mexico
12. MAIDEN NAME OF MOTHER Teresa Bolaños
13. BIRTHPLACE OF MOTHER Pinos altos (city or town)
(State or country) Mexico

14. Informant (Address) Cleofas Barron Bisbee Arizona

15. Filed 6/23, 1924 C. F. Howle M.D. Local Registrar.
Filed 7-3-24, 19 R B Dunbar County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/21 1924

17. I HEREBY CERTIFY, That I attended deceased from 6/10, 1924 to 6/20, 1924, that I last saw him alive on 6/20, 1924 and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH* was as follows:

Dysentery

(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 C. L. Edmundson, M. D.
6/22, 1924 (Address) Bisbee Ariz.

* 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~~ Bisbee Arizona
DATE OF BURIAL June 22 1924

20. UNDERTAKER Hennessy Undt Co
ADDRESS Bisbee Ariz.