

2834

MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked. Write plainly, with unfading ink. This is a permanent record. 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

1. County Gila State Index - - - - - No. 21
 District _____ County Registrar's - - No. _____
 Town Globe No. O.D. Hospital Local Registrar's - - - No. 130
 or City _____ (If death occurred in a hospital or institution, give its NAME instead of street number.)

2. FULL NAME Simplicio Abrego
 (a) Residence. No. North Globe St., _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Widowed</u>			16. DATE OF DEATH (month, day, and year) <u>June 3 1925</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Widowed</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>May 30</u> , 19 <u>25</u> to <u>June 3</u> , 19 <u>25</u> that I last saw him alive on <u>June 3</u> , 19 <u>25</u>	
6. DATE OF BIRTH (month, day and year) <u>Unknown</u>					and that death occurred, on the date stated above, at <u>12:15A</u> m. The CAUSE OF DEATH* was as follows: <u>Bronchitis-pneumonia</u>	
7. AGE	Years	Months	Days	IF LESS than 1 day	hrs.	or min.
<u>62</u>						
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Miner</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Unknown</u> (c) Name of employer _____					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.	
9. BIRTHPLACE (city or town) _____ (State or country) <u>Mexico</u>					15. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? _____	
10. NAME OF FATHER <u>Esteban Abrego</u>					What test confirmed diagnosis? <u>Physical findings</u>	
11. BIRTHPLACE OF FATHER _____ (State or country) <u>Mexico</u> (city or town)					(Signed) <u>C. W. Robbins</u> M. D. <u>June 4-25</u> 19 _____ (Address) <u>Globe, Ariz.</u>	
12. MAIDEN NAME OF MOTHER <u>Unknown</u>					* State the Disease Causing Death, or if deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
13. BIRTHPLACE OF MOTHER _____ (State or country) <u>Mexico</u> (city or town)					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Globe</u>	
14. Informant <u>Ramon Arzona</u> (Address) _____					DATE OF BURIAL <u>June 4/1925</u>	
15. Filed <u>June 4</u> , 19 <u>25</u> <u>W. W. Fort</u> Local Registrar.					20. UNDERTAKER <u>Hutton & Robbins</u>	
Filed _____, 19 _____ County Registrar.					ADDRESS <u>265 N broad</u>	
V. S. No. 1						