

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Cochise State _____ Registered No. 15
 District or Township Southern or Village _____
 City Douglas Ariz No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Pablo Abril
 (a) Residence. No. Paul Quarry 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 yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE Years _____ Months _____ Days 9 IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer Paul Quarry

9. BIRTHPLACE (city or town) _____ (State or country) _____

10. NAME OF FATHER Uasloco's adult

11. BIRTHPLACE OF FATHER Sonora (city or town) _____ (State or country) _____

12. MAIDEN NAME OF MOTHER Manuela Roman

13. BIRTHPLACE OF MOTHER Sonora (city or town) _____ (State or country) _____

14. Informant father (Address) _____

15. Filed 7-6 19 25 Quarry Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 5 1925

17. I HEREBY CERTIFY, That I attended deceased from 7-5-1925 to 7-5-1925 that I last saw him alive on 7-5-1925 and that death occurred, on the date stated above, at 7:30 P.M. The CAUSE OF DEATH* was as follows:
Icterus
manipulation
 (duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted If not at place of death? UP
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? _____ (Signed) J. J. Jones M. D. 7-6-25 19 25 (Address) Douglas

* 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 Paul Quarry DATE OF BURIAL 7/6/25
 20. UNDERTAKER Portia Thomas ADDRESS Douglas