

1638

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH State File No. 530

1. PLACE OF DEATH County Sta. Conch. State Arizona District or Township Tubac or Village Tubac City (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Pedro Sabori Tubac. (a) Residence No. (Usual place of abode) 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. Ward (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR or RACE mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) married.

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

6. DATE OF BIRTH (month, day and year) 7. AGE Years 45 Months Days IF LESS than 1 day hrs. or min.

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

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

10. NAME OF FATHER Evangelo Sabori

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

12. MAIDEN NAME OF MOTHER Antonia Rivero

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

14. Informant Estrudis Martinez (Address) Tubac.

15. Filled M. Siroshin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 17 1926

17. I HEREBY CERTIFY, That I attended deceased from that I last saw h. alive on and that death occurred, on the date stated above, at The CAUSE OF DEATH was as follows:

Liver trouble and complications (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) M. Siroshin Registrar, M. D. March 17 1926 (Address) Tubac

* 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 Tubac Ariz DATE OF BURIAL March 17 1926 ADDRESS

20. UNDERTAKER

MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked. THIS IS A PERMANENT RECORD. CAUSE OF DEATH in plain terms, so that it may be fully 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.