

1639

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Santa Cruz BUREAU OF VITAL STATISTICS State Index - - - - No. 531  
 District \_\_\_\_\_ County Registrar's - - No. \_\_\_\_\_  
 Town or City NOGALES, ARIZ. ORIGINAL CERTIFICATE OF DEATH Local Registrar's - - - No. B 10  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME PEDRO SABORI  
 (a) Residence. No. TUBAC ARIZ 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 45 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 MEX 5. SINGLE, MARRIED, WIDOWED or DIVORCED. MARRIED  
 (Write the word)  
 5a. If married, widowed, or divorced HUSBAND of TULA M SABORI (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day and year) UNKNOWN  
 7. AGE Years Months Days IF LESS than 1 day hrs. or min. 45 ABOUT  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work RANCHER (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) SANTACRUZ COUNTY  
 10. NAME OF FATHER EVANJELISTO SABORI  
 11. BIRTHPLACE OF FATHER (State or country) MEXICO (city or town)  
 12. MAIDEN NAME OF MOTHER UNKNOWN  
 13. BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_ (city or town)

PARENTS

14. Informant JESUS SABORI  
 (Address) \_\_\_\_\_  
 15. Filed 3/4 19 1926 Chas E Hardy Local Registrar.  
 Filed \_\_\_\_\_ County Registrar.  
 V. S. No. 1 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3-4 1926  
 17. I HEREBY CERTIFY, That I attended deceased from one visit, 19 Feb 26, 1926, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 4 A M. The CAUSE OF DEATH\* was as follows: Pulmonary Tuberculosis

(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. J. Schmitt M. D. 3/4 1926 (Address) NOGALES, 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 TUBAC ARIZ DATE OF BURIAL 3-5 1926  
 20. UNDERTAKER PARKER IRISHAW CO ADDRESS NOGALES, ARIZ.

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.