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MARGIN RESERVED FOR BINDING. 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.

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

1. PLACE OF BIRTH
County Cochise State Arizona
District or Township Douglas or Village Berthville
City No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Plutarco Robles
(a) Residence, No. (Usual place of abode) St., Ward.
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR or RACE Mex
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) widowed
6. DATE OF BIRTH (month, day and year)
7. AGE Years 77 Months Days IF LESS than 1 day or min.
8. OCCUPATION OF DECEASED
9. BIRTHPLACE (city or town) (State or country) Mexico
10. NAME OF FATHER Francisco Robles
11. BIRTHPLACE OF FATHER (city or town) (State or country) Mex
12. MAIDEN NAME OF MOTHER Rita Lucena
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mex
14. Informant Mercedes Robles (Address) Berthville
15. Filled 8/18/30 J. Carney Registrar

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Aug 18 1930
17. I HEREBY CERTIFY, That I attended deceased from June 1930 to Aug. 18, 1930 that I last saw him alive on Aug - 1, 1930 and that death occurred, on the date stated above, at Berthville, Douglas, Arizona (duration) yrs. 6 mos. da.
CONTRIBUTORY (Secondary)
18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical (Signed) J. Carney, M. D. 8/18/30 (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 Fanny DATE OF BURIAL 8/19/30
20. UNDERTAKER ADDRESS