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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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 32112

1. PLACE OF DEATH

County Greenlee State ..... Registered No. .....

Township ..... or Village ..... or

City Morenci No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Augustine Hernandez.

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word)
M.	Mex.	Single

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

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

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sonora Mexico.

FATHER

13. NAME Agapito Hernandez

14. BIRTHPLACE (city or town) (State or country) Chihuahua Mexico

MOTHER

15. MAIDEN NAME Guadalupe Prado.

16. BIRTHPLACE (city or town) (State or country) Chihuahua Mexico.

17. INFORMANT Juan F. Hernandez (Brother)

(Address) Morenci, Ari

18. BURIAL, CREMATION, OR REMOVAL May 19 31

Place ..... Date 19

19. UNDERTAKER .....

(Address) .....

20. Filed May 19, 1931 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/18/1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Epilepsy	Time of Death.
(This boy found dead – evidence of frothing at mouth & involuntary urination	

Other contributory causes of importance: history of fits before – No external marks whatsoever of any violence – seen by father about 10 minutes before found dead.)

Name of operation ..... Date of .....

What test confirmed diagnosis? Above clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. J. Smith, M. D.

(Address) P.O. Box 566 Morenci