[redacted]

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 88

Registered No. 34

1. PLACE OF DEATH

County: Gila State: ARIZONA

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

City: Globe No. North St. 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. 1 mos. 3 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Simon Ybarra How long in State when death occurred? — yrs. 1 mos. 3 ds.

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

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Mexican

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)

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

6. DATE OF BIRTH (month, day, and year) 2-18-1934

7. AGE: Years —; Months 1; Days 3; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Globe Arizona

FATHER

13. NAME: Seferino Ybarra

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

MOTHER

15. MAIDEN NAME: Esperina Reyes

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

17. INFORMANT (Address): Seferino Ybarra Globe Arizona

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Globe Cemetery Date: 3-22-, 1934

19. UNDERTAKER (Address): Fred L. Jones, Globe Arizona

20. Filed March 24, 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 21st, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934 to March 20, 1934

I last saw him alive on March 20, 1934; death is said to have occurred on the date stated above, at 11:00 Am.

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

	Date of Onset
Bronchopneumonia	about March 17, 1934

Other contributory causes of importance:

Neglect	Since Birth

Name of operation: None Date of:

What test confirmed diagnosis: Physical Examination 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) T. E. Harper, M. D.

(Address) Globe, Arizona.

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information