

2620

MARGIN RESERVED FOR BINDING
N. B.—WRITE FAIRLY, 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

1. PLACE OF DEATH
 County Cochise State Arizona State File No. 24
 Township Douglas or Village _____ Registered No. 78
 City Douglas No. Cochise County Hospital 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? 27 yrs _____ mos _____ ds.

2. FULL NAME Francisco Robles How long in state when death occurred? 37 yrs _____ mos _____ ds.
 (a) Residence: No. Pirtleville, Arizona St. _____ Ward _____ (If nonresident 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) Widower

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

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

7. AGE Years 67 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Hermosillo (state or country) Mexico

13. NAME Francisca Robles

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Co Hospital Records (Address) Douglas, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Pirtleville Date 5-9-34 19. 34

19. UNDERTAKER Porter & Ames (Address) Douglas, Arizona

20. Filed 5-8-34 19. 34 Registrar _____ (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-8-34, 19. 34

22. I HEREBY CERTIFY That I attended deceased from 5-3-34, 19. 34, to 5-8-34, 19. 34.
 I last saw him live on 5-8-34, 19. 34; death is said to have occurred on the date stated above, at 12-30 AM.

The principal cause of death and related causes of importance were as follows:
Ecthyma of face
Metastases in neck
+ lungs

Name of operation None Date of _____
 What test confirmed diagnosis? 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? _____
 If so, specify (Signed) E. C. Edmonson M. D. (Address) Douglas, Arizona

SM 2-3-33 MS-4771

Back of Certificate to be used for any additional information