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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.

STANDARD CERTIFICATE OF DEATH Arizona State Board of Health
BUREAU OF VITAL STATISTICS STATE FILE NO. 98

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 110
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. North Broad ST. _____ WARD _____
(IF DEATH OCCURRED IN 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 FOREIGN BORN YRS. _____ MOS. _____ DS. _____
2. FULL NAME Arnulfo Robles HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. Prind Creek 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 Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucretia Peraso Robles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. 35

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Emp. Copper Co.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bisbee Arizona

13. NAME Miguel Robles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT (ADDRESS) Miguel Robles Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe DATE Dec 27, 1935

19. EMBALMER (LICENSE NO. 209) SIGNATURE Dalton H. Cole
FUNERAL DIRECTOR J. H. Miles 627
ADDRESS Globe Arizona

20. FILED January 3, 1936 J. H. Miles REGISTRAR

MEDICAL CERTIFICATE OF DEATH 235
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1935
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____, I LAST SAW HIM ALIVE ON _____, 19____, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Injury with fractures inflicted by J. F. Russell while en route DATE OF ONSET _____
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE. DATE OF INJURY 12-23-35
WHERE DID INJURY OCCUR? Globe, Arizona (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public Place
MANNER OF INJURY Gun Shot
NATURE OF INJURY through heart
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No
IF SO, SPECIFY _____
(SIGNED) J. H. Miles M. D. (ADDRESS) Globe Arizona