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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. _____

1. PLACE OF DEATH
 COUNTY Cochise STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP _____ OR VILLAGE Cochise OR _____
 CITY _____ NO. _____ 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 OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Hilario Sierra HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. Cochise, Ariz. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12-2-1936</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec 2</u> , 19 <u>36</u> TO <u>One Call only</u> <u>12/4/36</u> I LAST SAW HIM ALIVE ON <u>Dec 2</u> , 19 <u>36</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4 p.</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Block of Heart</u> <u>Heart Block</u> OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>asthma</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Precinifina Sierra</u>				DATE OF ONSET _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1888</u>					DATE OF ONSET _____	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET _____	
<u>48</u>	---	---	---		DATE OF ONSET _____	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>miner</u>					DATE OF ONSET _____	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					DATE OF ONSET _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					DATE OF ONSET _____	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					DATE OF ONSET _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Las-Cruces, N. M.</u> (STATE OR COUNTY) <u>New-Mexico.</u>					DATE OF ONSET _____	
13. NAME <u>Martin Sierra</u>					DATE OF ONSET _____	
14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTY) <u>NEW-MEXICO.</u>					DATE OF ONSET _____	
15. MAIDEN NAME <u>decidera Bells</u>					DATE OF ONSET _____	
16. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTY) <u>Texas.</u>					DATE OF ONSET _____	
17. INFORMANT <u>Precinifina Sierra</u> (ADDRESS) <u>Cochise, Ariz.</u>					DATE OF ONSET _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cochise, Ariz.</u> DATE <u>12/4/36</u> , 19					DATE OF ONSET _____	
19. EMBALMER } LICENSE NO. <u>199-A</u> FUNERAL DIRECTOR } SIGNATURE <u>Frank W. Rothman</u> ADDRESS <u>14 Illinois Ave</u>					DATE OF ONSET _____	
20. FILED <u>12-2</u> , 19 <u>36</u> <u>Frank W. Rothman</u> REGISTRAR					DATE OF ONSET _____	
					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) <u>John Wilson</u> , M. D. (ADDRESS) <u>Willcox, Ariz.</u>	