9438

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.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 357

1. PLACE OF DEATH

COUNTY Pinal STATE ARIZONA REGISTERED NO. 82

TOWNSHIP OR VILLAGE OR

CITY Florence NO. 5 miles East of Florence 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 Frederick Robles HOW LONG IN STATE WHEN DEATH OCCURRED? ___ YRS. 19 MOS. ___ DS

(A) RESIDENCE: NO. Florence, Arizona ST. ___ WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

183

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Mex.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1936

7. AGE YEARS 1 MONTHS 0 DAYS 19 IF LESS THAN 1 DAY, ___ HRS. OR ___ MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Child

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 COUNTY) Florence, Ariz. Pinal

FATHER

13. NAME Jacob Aguilar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Florence Pinal, Ariz.

MOTHER

15. MAIDEN NAME Miss Carmen Robles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Florence, Pinal, Arizona

17. INFORMANT (ADDRESS) Miss Carmen Robles Florence Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Florence Cemetery DATE Sept. 12, 1937

19. EMBALMER { LICENSE NO. 209-A SIGNATURE Dalton H. Cole

FUNERAL DIRECTOR Martin Mortuary

ADDRESS Florence Arizona

20. FILED Sept 14, 1937 D. O. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 9-11-37, 19__, TO 9-11-37, 19__

I LAST SAW HIM ALIVE ON 9-11-37, 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:

	DATE OF ONSET
Drowned, accidentally	

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 9-11-37

WHERE DID INJURY OCCUR? Canal (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Public Canal

MANNER OF INJURY Fell into Canal

NATURE OF INJURY Drowned

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? ___

IF SO, SPECIFY ___

(SIGNED) [illegible], M. D.

(ADDRESS) [illegible]

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—7-24-35—REP-GAZ PRINTERY—FORM 3