

2789

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. PHYSICIAN 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 Gila  
Township \_\_\_\_\_  
City Globe State ARIZONA or Village \_\_\_\_\_  
State File No. 65  
Registered No. 43

Length of residence in city or town where death occurred 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in State where death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If not resident give city or town and state)

2. FULL NAME Mike Robles  
(a) Residence: No. Martin Hill (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of Florita Robles

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1864

7. AGE Years 74 Months 7 Days 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Mexico

MOTHER FATHER

13. NAME Francisco Robles

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

15. MAIDEN NAME Rita - - ?

16. BIRTHPLACE (city or town) (State or Country) Mexico

17. INFORMANT (Address) Charley Robles  
Globe Ariz.

18. BURIAL ~~XXXXXXXXXXXX~~ Place Globe Cemetery Date May 26, 1939

19. EMBALMER License No. 118-A Signature [Signature] Date May 26, 1939

FUNERAL DIRECTOR License 10-A Signature [Signature] Address Globe Ariz.

20. Filed May 26, 1939 Registrar [Signature]

21. DATE OF DEATH (month, day, and year) May 24, 1939

I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to May 24, 1939

I last saw him alive on May 24, 1939; death is said to have occurred on the date stated above, at 5-15 PM

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

Cerebral Hemorrhage  
Complicating Arterio-Sclerosis  
and Chronic nephritis

Date of Onset about 1930

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? 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. C. Harper \_\_\_\_\_ M. D.  
(Address) Globe, Ariz.