

1788

Please refer

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 79

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Inspiration Addition
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 2 days; In Arizona 25 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 552 Gibson St. (e) If foreign born in U. S. A. Citizen of Mexico
3. (a) FULL NAME Geronimo R. Robles (b) If veteran name war _____ (c) Social Security No. 556-28-1713
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married
6. Quararupa husband (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec. 19, 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 29 If less than one day hrs. min.

9. Birthplace Chihuahua Mexico
(City, town or county) (State or Country)

10. Usual Occupation Miner
11. Industry or Business Inspiration Copper Co

12. Name Geronimo R. Robles
13. Birthplace Mexico
(City, town or county) (State or Country)

14. Maiden Name Unknown
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature [Signature]
(b) Address Superior Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Superior (c) Date 7-19-42

18. (a) Embalmer's Signature J. H. MILES JR.
(b) Funeral Director MIKES MORTUARY
(c) Address Miami Arizona

19. (a) July 24 1942
(Date received local Registrar)
(b) Anderson D. Brayton
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 18, 1942
TIME (Hour and minute) 6:30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Unavoidable accident in the Inspiration mine

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence July 18, 1942

(c) Where did injury occur? Inspiration Mine Arizona
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial
(Specify type of place)

While at work? Yes (e) Means of injury Mine accident

23. Signature [Signature] Address [Address] Date signed 7-23-42

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.