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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 95
Registrar's No. 100

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Quincy Center
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 25 yrs; in Arizona 25 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)

(d) Street No. 719 Sullivan; (e) Citizen of foreign country (yes or No) yes
If Yes, which country Mexico (If NONE write the word)

3. (a) FULL NAME Felipa Robledo (b) If Veteran name war [B] Social Security No. None

4. Sex <u>Female</u>	5. Color or Race <u>Latin</u>	6. (a) Single, married, widowed or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Unknown</u>		6. (c) Age of husband or wife, if alive... yrs.

7. Birthdate of deceased May 1, 1836
(Month) (Day) (Year)

8. AGE: Years 106 Months 5 Days 2 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business

Father } 12. Name Unknown
13. Birthplace " (City, town or county) (State or Country)

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

16. (a) Informant's own signature X Maria Yturri
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal (c) Date Oct. 5, 1942

18. (a) Embalmer's Signature J. May Miles Jr
(b) Funeral Director Wiles Mortuary
(c) Address Miami Ariz.

19. (a) Oct. 16 - 42
(Date received local Registrar)
(b) Lrene Venzelle
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Oct. 3, 1942
TIME (Hour and minute) 5:00 A.

21. I hereby certify that I attended the deceased from July 15, 1942 to Oct. 3, 1942
that I last saw him alive on Oct. 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis & chronic nephritis

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature T. C. Harper M. D.
Address Globe, Ariz. Date signed 10-8-42

DURATION
about 15 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically