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**ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. VAFY 153  
Registrar's No. 153

1. Place of Death: (a) County Cochise (b) City or Town Pirtleville (c) Location 77 Irwin St  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 36 years; In Arizona 36 yrs  
(Specify whether years, months or days)

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

(d) Street No. 77 Irwin Street; (e) Citizen of foreign country (Yes or No) YES  
If Yes, which country Mexico (c) Social Security No. None

3. (a) FULL NAME Margarita Yepis Robles (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. None

4. Sex <u>Female</u>	5. Race White <input type="checkbox"/> Indian <input type="checkbox"/> Negro <input type="checkbox"/> Oriental <input type="checkbox"/>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Narciso Robles</u>		6. (c) Age of husband or wife, if alive <u>54 yrs.</u>

7. Birthdate of deceased October 10th 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 9 If less than one day  
hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

Father { 12. Name Pedro Yepis  
13. Birthplace Mexico  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Virginia Molina  
15. Birthplace Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Narciso Robles Of autopsy \_\_\_\_\_  
(b) Address 77 Irwin St Pirtleville

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pirtleville (c) Date 8-30-1943

18. (a) Embalmer's Signature A. E. Jones 120-1  
(b) Funeral Director Porter S. Jones  
(c) Address Douglas Arizona

19. (a) August 30 - 1943  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) 8-27-43, 19\_\_\_\_; TIME (Hour and minute) 8:30 A.M. M.

21. I hereby certify that I attended the deceased from 8-25-43, 19\_\_\_\_ to 8-27-43, 19\_\_\_\_; that I last saw him alive on 8-27-43, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? (c) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D.  
Address Douglas, Ariz. Date signed 8-27-43

<b>DURATION</b>
<u>8-27-43</u>
<b>PHYSICIAN</b>
Underline the cause to which death should be charged statistically