

1681

Shute

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1512

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

Registrar's No. 36

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

(d) Length of Stay: In Hospital or Institution 2 days; In Community unknown; In Arizona life
(Specify whether years, months or days)

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

(d) Street No. Reiz canyon (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME Rosendo Robles (b) If Veteran name war none (c) Social Security No. 527-07-3163

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced single

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife, if alive hrs. X min. X yrs. *

7. Birthdate of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 60 Months unknown Days unknown If less than one day hrs. X min. X

9. Birthplace Florence, Arizona
(City, town or county) (State or Country)

10. Usual Occupation laborer

11. Industry or Business laborer

12. Name unknown

13. Birthplace unknown
(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 [Address]

17. (a) Burial, Cremation or Removal burial
(b) Place Globe Cemetery Date April 5, 1948

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address 528 S. Hill St. Globe, Ariz.

19. (a) April 6 - 48
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 28, 1948;
TIME (Hour and minute) 5:55 a.m. 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 _____

Due to [Redacted]

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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

(b) Date of occurrence 3-28-48

(c) Where did injury occur? Globe Hill Arizona
(City or Town) (County) (State)

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

While at work? no (e) Means of Injury Shot to death by
[Signature]

23. Signature [Signature] Address Globe, Arizona Date signed 4-3-48