

NAME OF DECEASED: Toby Andrew Herrera

DOB: 11-12-41

DOD: 3-18-42

GRAVE PLOT #: 21

CONDITION PLOT: Good

MARKER/HEADSTONE:

Marble set in cement. Stones are used to outline the small plot. Most do not have lichen. The head is marked by three larger stones and a galvanized pipe.

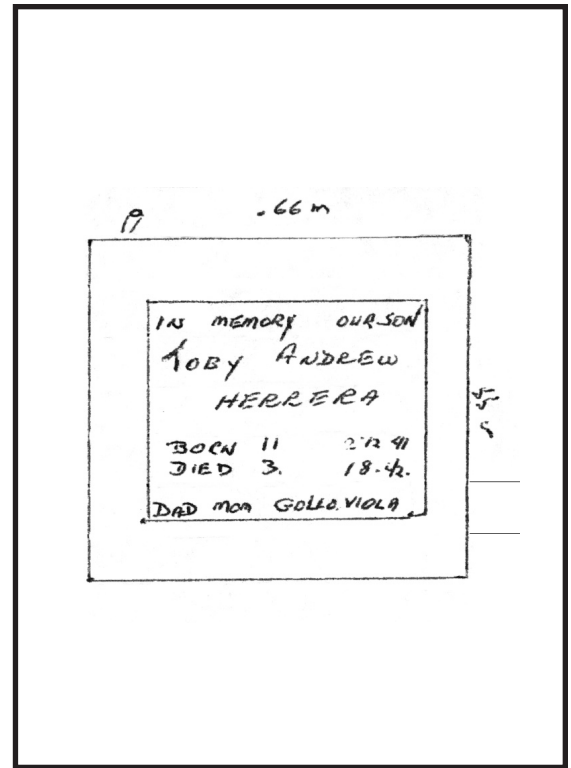
INSCRIPTION:

In memory of our son Toby Andrew Herrera

Born 11 12.41

Died 3 18.42

Dad Mom Golloviola



Drawing of Marker by RBH/9-94

REF BOOK# 1

HISTORY OF DECEASED:

INFORMATION—LIVING RELATIVES:

NAME OF DECEASED: Toby Andrew Herrera

DOB: 11-12-41

DOD: 3-18-42

GRAVE PLOT#: 21

GRAVE SITE of Deceased



View 1 — Main (front)



View 2 — Side (left)



View 3 — Back



View 4 — Side (right)



HER_TO

DEATH CERTIFICATE of Deceased

Deceased: Toby Andrew Herrera
DOB: 11-12-41
DOD: 3-18-42
AGE: 4 months 46 days

Place of Death:
 Mogollon, NM (Catron County)

Usual Residence of Deceased:
 Mogollon, NM (Catron Country)

Full Name: Toribio Andrew Herrera
Sex: Male
Color/Race: White
S/M/W/D: Infant

Birthplace: Mogollon, NM
Father: Gregario Herrera (El Paso, TX)
Mother: Viola Marin (Mogollon, NM)

Burial: March 19, 1942
 Mogollon Cemetery

261 STATE OF NEW MEXICO—DEPARTMENT OF PUBLIC HEALTH		B. C. FILED
DEPARTMENT OF COMMERCE Bureau of the Census		F.D. No. _____ Registrar's No. _____
STANDARD CERTIFICATE OF DEATH		
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:
(a) County <u>Catron</u>	(b) State <u>N. Mex.</u>	(a) State <u>N. Mex.</u>
(b) City or town <u>Mogollon</u> <small>(If outside city or town limits, write RURAL)</small>	(c) City or town <u>Catron</u> <small>(If outside city or town limits, write RURAL)</small>	(c) City or town <u>Catron</u>
(c) Name of hospital or institution <small>If not in hospital or institution, write street number or location</small>	(d) Street No.	(d) Street No.
(d) Length of stay: In hospital or institution <small>(Years, Months, Days)</small>	(e) If foreign born, how long in U. S. A.?	(e) If foreign born, how long in U. S. A.?
(e) Length of stay: In this county <small>(Years, Months, Days)</small>	(f) Culture of foreign country? <u>Yes</u> (Yes or No)	(f) Culture of foreign country? <u>Yes</u> (Yes or No)
3. FULL NAME <u>Toribio Andrew Herrera</u>		MEDICAL CERTIFICATION
(a) In hospital, name was	(b) Social Security No. <u>none</u>	
4. Sex <u>Male</u>	5. Color <u>White</u>	10. Date of death: Month <u>March</u> Day <u>18</u> Year <u>1942</u>
(a) Name of husband or wife	(b) Age: In months <u>4</u> years <u>0</u>	Hour <u>6:30 PM</u> Minute <u>00</u>
7. Birth date of deceased: <u>Nov 12 1941</u>	(c) Age: In months <u>4</u> years <u>0</u>	11. I hereby certify that I attended the deceased from <u>3/18</u> , 1942
8. AGE: Years <u>4</u> Months <u>4</u> Days <u>6</u>	(d) If less than one day	to <u>3/18</u> , 1942; that I last saw him/her alive on <u>3/18</u> , 1942, and that death is said to have occurred on the date and hour stated above.
9. Usual Occupation <u>Infant</u>	10. Industry or business <u>none</u>	Immediate cause of death <u>Broncho Pneumonia</u>
11. Birthplace <u>Mogollon N.M.</u>	12. Name <u>Gregario Herrera</u>	Due to _____
(a) City, town, or county	(b) Birthplace <u>El Paso Tex.</u>	Other conditions: _____
(c) State or foreign country	(c) State or foreign country	(Include date of pregnancy ending within 3 months of death)
13. Birthplace <u>Mogollon N.M.</u>	14. Maiden name <u>Viola Marin</u>	Major findings: _____
(a) City, town, or county	(b) Birthplace <u>Mogollon N.M.</u>	Of operations _____ (date)
(c) State or foreign country	(c) State or foreign country	(If autopsy)
15(a) Informant's own signature <u>Viola Herrera</u>	16. Date of occurrence _____	Where was disease contracted? <u>Mogollon</u>
(b) Address <u>Mogollon N.M.</u>	(a) Accident, suicide, or homicide (specify)	Was there an insect? _____
(c) Place: burial or cremation <u>Mogollon</u>	(b) Date of occurrence _____	22. If death was due to external causes, fill in the following:
(a) Burial, cremation, or removal	(c) Where did injury occur? _____	(a) Accident, suicide, or homicide (specify)
(b) Date thereof <u>3/19-1942</u>	(d) Did injury occur in, or about home, on farm, industrial place, in public place? _____	(b) Date of occurrence _____
(c) Place: burial or cremation <u>Mogollon</u>	(e) Means of injury _____	(c) Where did injury occur? _____
(d) Address _____	19(a) <u>3-19-42</u> (Date received local registry)	(d) Did injury occur in, or about home, on farm, industrial place, in public place? _____
(e) Licensed embalmer _____	(b) <u>Mrs. M. E. Coates</u> (Registrar's signature)	(e) Means of injury _____
19(a) <u>3-19-42</u> (Date received local registry)	(c) Was Burial or Removal Permit issued? <u>Yes</u>	2) Signature <u>A. J. Burch</u> (M. D. number)
(b) <u>Mrs. M. E. Coates</u> (Registrar's signature)		Address <u>Reserve, NM</u>
(c) Was Burial or Removal Permit issued? <u>Yes</u>		Date signed <u>3/19</u>

MEDICAL CERTIFICATION

Time of Death: 6:30 p.m.
Cause of Death: Bronchial Pneumonia
Duration: 3 days
Where was disease contracted: Mogollon

Physician Signature: A.J. Burch, MD (? illegible)
Address: Reserve, NM
Date: 3/19/1942

Registrar's Signature: Mrs. M.E. Coates
Date: 3/19/1942