

**NAME OF DECEASED:** Marcelino B. Trejo

**DOB:** 1885

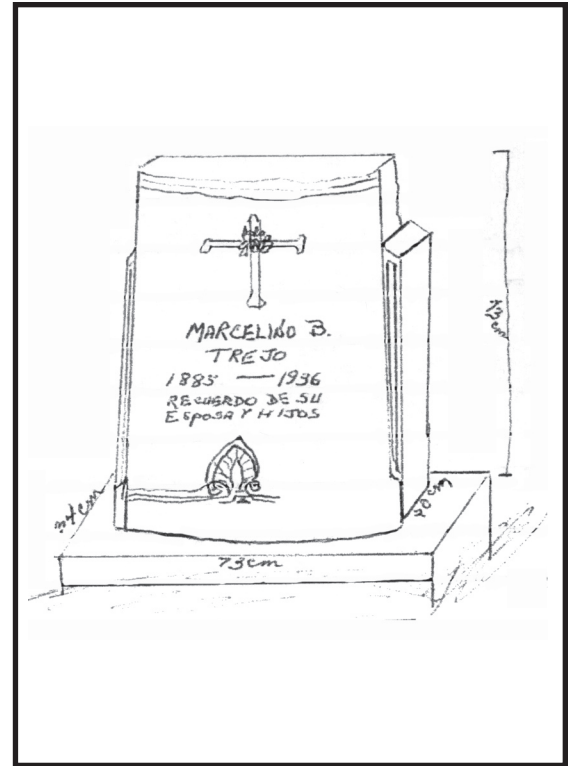
**DOD:** 1936

**GRAVE PLOT #:** 122

**CONDITION PLOT:** Good

**MARKER/HEADSTONE:**

Granite (red). The heastone is red marble. The face is polished. It is set on a white marble base with slag rocks creating a mound for the grave.



*Drawing of Marker by RBH/9-94*

REF BOOK#2

**INSCRIPTION:**

Marcelino B. Trejo

1885-1936

Recuerdo de su Esposa y Hijos.

**HISTORY OF DECEASED:**

**INFORMATION—LIVING RELATIVES:**

**NAME OF DECEASED:** Marcelino B. Trejo  
**DOB:** 1885  
**DOD:** 1936  
**GRAVE PLOT #:** 122

**GRAVE SITE of Deceased**



View 1 — Main (front)



View 2 — Side (left)

**DEATH CERTIFICATE of Deceased**

**Deceased:** Marcelino B. Trejo  
**DOB:** 11/5/1885  
**DOD:** 11/4/1936  
**AGE:** 50 yrs

**Place of Death:**  
 Mogollon, NM (Catron County)

**Usual Residence of Deceased:**  
 Mogollon, NM (Catron County)

**Full Name:** Marcelino B. Trejo  
**Sex:** Male  
**Color/Race:** White  
**S/M/W/D:** Married, Lenora Trejo  
**Occupation:** Miner

**Birthplace:** Chihuahua, Mexico  
**Father:** Jose Trejo, Chihuahua, Mexico  
**Mother:** Concepcion Horumba  
 Chihuahua, Mexico

**Burial:** 11/5/1936  
 Mogollon Cemetery

Write Plainly with Unfolding Ink—This is a permanent record Read Explanations on back carefully

4143 STATE OF NEW MEXICO—BUREAU OF PUBLIC HEALTH  
**CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
 County of Catron or Village Mogollon  
 School District of \_\_\_\_\_ or City \_\_\_\_\_  
 Length of residence in County where death occurred Yrs. 5 Mos. 0 Days 0 How long in U. S. if of foreign birth Yrs. 17 Mos. 0 Days 0

2. FULL NAME MARCELINO TREJO  
 (a) Residence: Mogollon, New Mexico (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS  
 3. SEX Male 4. RACE White 5. MARRIAGE Married  
 6. If married, widowed, or divorced Widowed Husband of Lenora Trejo  
 7. DATE OF BIRTH (Month, day and year) November 5, 1885  
 8. AGE Years 50 Months 0 Days 0 If less than 1 day \_\_\_\_\_  
 9. Trade, profession, or particular kind of work done Miner  
 10. Industry or business in which work was done Silver Mine  
 11. Date deceased last worked at this occupation (month and year) July 1936 12. Total time (yrs.) spent in this occupation 17 years

13. BIRTHPLACE (City or Town, County and State, or Country) Chihuahua, Old Mexico  
 14. NAME Jose Trejo  
 15. BIRTHPLACE (City or Town, County and State, or Country) Chihuahua, Old Mexico  
 16. MAIDEN NAME Concepcion Horumba  
 17. BIRTHPLACE (City or Town, County and State, or Country) Chihuahua, Old Mexico  
 18. SIGNATURE OF INFIRMANT Lenora Trejo  
 (Address) Mogollon, N.M.  
 19. BURIAL, CREMATION OR REMOVAL Place Mogollon, N.M. Date 11/5 1936  
 20. UNDERTAKER None  
 (Address) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (month, day and year) November 5, 1936  
 22. I HEREBY CERTIFY that I attended deceased from July 5 1936 to November 4 1936  
 I last saw him alive on November 4 1936 he said to have occurred on the date stated above at 5:00 a.m.  
 The proximate cause of death and related causes of importance in order of onset were as follows: Bilateral Miliary Pulmonary Tuberculosis  
 Bilateral Miliary Pulmonary Tuberculosis  
 Pulmonary Hemorrhage  
 General Cachexia  
 Contributory causes of importance not related to principal causes: Pulmonary hemorrhage 1936-10-20  
 General Cachexia  
 Where was disease first diagnosed? Home  
 Name of operation None date of \_\_\_\_\_  
 Condition for which performed \_\_\_\_\_  
 What test confirmed diagnosis? Physical Examination  
 Was there an autopsy? No Was there an inquest? No  
 23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and state)  
 Check whether injury occurred in industry—home—public place.  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_  
 25. FILED AND BURIAL OR REMOVAL PERMIT ISSUED on Nov 5 1936 by Mrs. M. E. Coates (SIGNED) Charles T. Brown, M.D. (Address) Mogollon, N.M.

**MEDICAL CERTIFICATION**

**Time of Death:** 5:00 a.m.  
**Cause of Death:** Bilateral miliary pulmonary tuberculosis. Pulmonary hemorrhage, general cachexia.  
**Duration:** —  
**Where was disease contracted:** Mogollon

**Physician Signature:** Charles T. Brown, MD (? illegible)  
**Address:** Mogollon, NM  
**Date:** 11/5/1936

**Registrar's Signature:** Mrs. M.E. Coates  
**Date:** 11/5/1936