4948

RETURN OF A DEATH.

County of Pima.
Territory of Arizona.

CITY OF

TUCSON.

No. of Record. 1397

No. of Burial Permit.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

No. 1. Name in full. Jose Miguel Castañeda

2. Color
WHITE.
~~MEXICAN.~~
~~BLACK (Negro or~~ mixed).
~~INDIAN.~~
~~CHINESE.~~
~~JAPANESE.~~

3. Sex
MALE.
~~FEMALE.~~

4. Conjugal Condition
~~SINGLE.~~
MARRIED.
~~WIDOWED.~~
~~DIVORCED.~~

NOTE: For questions 2, 3 and 4, strike out words not appropriate.

5. Date of Death — Year 1901 Month Sept Day 28

6. Date of Birth — Year 1836 Month) Day)

7. Age — Years 65 Months) Days

8. Occupation Hotel & Merchant
Return occupation for all persons 10 years of age and over.

9. Place of Birth Old Mexico

10. Birthplace of Father Spain

11. Birthplace of Mother "

STATE OR COUNTRY

12. Disease or Cause of Death:
CHIEF CAUSE Acute Catarrhal Dysentery — DURATION. 20 days
CONTRIBUTING CAUSE
PLACE WHERE DISEASE WAS CONTRACTED, if other than place of death Benson Ariz

13. Place of Death: No. — Street — Ward
If death occurred in an institution, give name of same St Mary's Hospital
Length of time deceased was an inmate 18 hours and previous residence Benson

14. Late Residence Benson
LENGTH OF RESIDENCE (in city)

UNDERTAKER O. C. Parker

PLACE OF INTERMENT Benson Ariz

SIGNATURE L. Boido M. D.
Of physician or informant.

DATE OF CERTIFICATE Sept - 28 - 1901

FILL OUT WITH INK AND WRITE PLAINLY