379

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 165

County Registered No. 93

PLACE OF DEATH

County of Pima

District of Tucson

Town of

or

City of Tucson

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")

(No. , 10 ave St., Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Jose Peralta

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death 1 yrs 9 mos.

In Arizona 17 yrs. mos.

SEX Male

COLOR OR RACE ~~White~~ ~~Black~~ Mexican ~~Chinese~~ ~~Indian~~

DATE OF BIRTH June (month) 20 (day) 1892 (year)

AGE 17 years — months 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or foreign country) Arizona

OCCUPATION Laborer

NAME OF FATHER Jose Peralta

BIRTHPLACE OF FATHER (State or foreign country) Sonora Mexico

MAIDEN NAME OF MOTHER Manuela Alvarez

BIRTHPLACE OF MOTHER (State or foreign county) Sonora Mexico

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) Miguel Tapia

(Address) Pearl st. no 56

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (month) 18 (day) 1909 (year)

I hereby certify, That I attended deceased from ~~June~~ 1909 to ~~June~~ 1909

that I last saw him alive on ~~June~~ 1909

and that death occurred on the date stated above at — M

The DISEASE or INJURY causing DEATH was as follows;

Pulmonary Tuberculosis

Where contracted Tucson Duration —

Contributing cause (if any) —

Where contracted — Duration —

(Signed) [illegible] M.D.

July 19 1909 Address Deputy Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence How long at Place of Death Days

Place of burial or removal Holy Hope Cemetery — Date of burial or removal July 19 1909

Undertaker — Address

Filed July 18 1909 [illegible] Local Register.

Filed Aug 3 1909. N. Y. Whitmore County Register.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS

held pending further disposition more than seventy-two hours after death, until a permit for burial, removal or other disposition thereof shall have been properly issued by the local registrar of the said registration district in which the death occurred.

Said permit shall contain the following items: Place of death; full name of deceased; age; name of father; birthplace of father; maiden name of mother; birthplace of mother; occupation; signature and address of informant; date of death; statement of medical attendance, fact and time of death, time last seen alive; cause of death; signature and address of physician or official making medical certificate; length of residence at place of death and in territory; place where disease was