[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 796

County Registered No. 509

Local Registrar's No. .....

PLACE OF DEATH

County: Pima

District: —

Town Or City: Tucson

No. 91 Kennedy St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Armilfo Peralta

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: ~~White~~ ~~Indian~~ ~~Black~~ ~~Chinese~~ Mexican

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: Unknown (Month) ..... (Day) 1877 (Year)

AGE: 37 yrs. ..... mos. ..... days. If less than 1 day — hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed or (employer): Unknown

BIRTHPLACE (State or country): Unknown

PARENTS
NAME OF FATHER: Unknown
BIRTHPLACE OF FATHER (State or country): Unknown
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (State or country): Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) O. E. Comstock Br.

(Address) Tucson, Ariz.

PLACE OF BURIAL OR ~~REMOVAL~~: Holy Hope Cemetery

DATE OF BURIAL OR ~~REMOVAL~~: Dec. 27th 1914

UNDERTAKER: Reilly Undertaking Co.,

ADDRESS: Tucson, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 27 (Day) 1914 (Year)

I hereby certify, that I attended deceased from ..... 191..... to ..... 191.....; that I last saw h..... alive on ..... 191....., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing Death was as follows: from Tuberculosis

(Duration) 2 yrs. ..... mos. ..... days.

Was disease contracted in Arizona? Yes

If not, where? .....

~~CONTRIBUTORY~~ Has Called in as Coroner

(Duration) ..... yrs. ..... mos. ..... days.

(Signed) O. E. Comstock, Br

12-27 1914 (Address) Coroner

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death Unknown yrs. ..... mos. ..... ds. In Arizona Unknown yrs. ..... mos. ..... ds.

Former or Usual Residence Tucson, Ariz.

Filed 12-28 1914 C. L. Thomas M.D. Local Registrar

Filed 12/31 1914 Geo. D. Trentman County Registrar

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