4533

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 553

County Registered No.

Local Registrar's No.

PLACE OF DEATH

County Pima

District

Town Or City Tucson

No. 522 Davis St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Gregorio Peralta

FILL OUT ALL BLANKS

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 word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: X (Month) X (Day) 1868 (Year)

AGE: 50 yrs. X mos. X days. If less than 1 day ___ hrs., or ___ min.

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

BIRTHPLACE (State or country): Sonora Mexico

PARENTS
NAME OF FATHER: Anastacio Peralta
BIRTHPLACE OF FATHER (State or Country): Sonora Mexico
MAIDEN NAME OF MOTHER: Maria Estrada
BIRTHPLACE OF MOTHER (State or Country): Sonora Mexico

The Above Is True to the Best of My Knowledge
(Informant): Vicente Avila
(Address): Tucson

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

DATE OF BURIAL OR ~~REMOVAL~~: Dec. 18 1918

UNDERTAKER: Mason Und Co

ADDRESS: Tucson Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 17 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 15th Dec 1918 to 16th Dec 1918; that I last saw him alive on 16th Dec 1918, and that death occurred on the date stated above at 3 a.m. The DISEASE or INJURY causing Death was as follows: Chronic Enteritis

(Duration) ___ yrs. 2 mos. 10 days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

(Duration) ___ yrs. ___ mos. ___ days

(Signed) G. Jenny

191___ (Address) 505 South Av.

*In death from **Violent Causes** state (1) **Means of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.**

LENGTH OF RESIDENCE

At place of death X yrs. X mos. X ds. In Arizona 40 yrs. X mos. X ds.

Former or Usual Residence

Filed 12/18 1918 Meade Cope
Local Registrar

Filed 1/9 1919 L. D. Townsend
County Registrar acting