2797

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 52

County Registered No.

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

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.

PLACE OF DEATH

County: Pima

District

Town Or City: Tucson

No. 711 N. Seventh Av. St.

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

FULL NAME: Marianna Simpson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

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

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

DATE OF BIRTH: Oct — 1867 (Month) (Day) (Year)

AGE: 51 yrs. 4 mos. — days. If less than 1 day — hrs., or — min.

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

BIRTHPLACE (State or country): Mexico.

PARENTS
NAME OF FATHER: — Trujillo
BIRTHPLACE OF FATHER (State or Country): Mex
MAIDEN NAME OF MOTHER: Juana Baptista
BIRTHPLACE OF MOTHER (State or Country): Mex

The Above Is True to the Best of My Knowledge
(Informant): Mrs. W. Sullinger
(Address): 711 N. Seventh Av.

PLACE OF BURIAL OR ~~REMOVAL~~: Evergreen Cemetery

DATE OF BURIAL ~~OR REMOVAL~~: Feb 28 1919

UNDERTAKER: ly Undertaking Co.,

ADDRESS: Tucson, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 20th 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 2/1-19 1918 to 2/20 1919; that I last saw her alive on 2/20 1919, and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing Death was as follows:

Chronic Meningitis

(Duration) 2 yrs. mos. days.

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) A. G. Schnabel

2/21 1919 (Address) Tucson Ariz.

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

LENGTH OF RESIDENCE

At place of death 10 yrs. X mos. X ds. In Arizona 20 yrs. X mos. X ds.

Former or Usual Residence: arizona.

Filed FEB 28 1919 Oneadle Alyea Local Registrar

Filed MAR 7 - 1919 A D Johnson County Registrar