

1773

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# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
 County Pima  
 District \_\_\_\_\_  
 Town \_\_\_\_\_  
 Or City Tucson

State Index No. 28  
 County Registered No. \_\_\_\_\_  
 Local Registrar's No. \_\_\_\_\_

### ORIGINAL CERTIFICATE OF DEATH

No. Montana Ranch Vail Ave  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Catalina Arce

#### PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	Color or Race White <u>Indian</u> Black <u>Chinese</u> Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>1994</u> 191 (Month) (Day) (Year)		
AGE <u>45</u> yrs. mos. days If less than 1 day hrs., or min.		
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>Lower Calif.</u>		
NAME OF FATHER <u>Juan Arce</u>		
BIRTHPLACE OF FATHER (State or country) <u>Lower Calif. Mex.</u>		
MAIDEN NAME OF MOTHER <u>Juanes Guerrero</u>		
BIRTHPLACE OF MOTHER (State or country) <u>Lower Calif. Mex.</u>		

#### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
6-15, 1919  
(Month) (Day) (Year)

I hereby certify that I attended deceased from \_\_\_\_\_  
 1919; that I last saw h. alive  
 on \_\_\_\_\_, and that death occurred on the date  
 stated above at \_\_\_\_\_ M. The DISEASE or INJURY causing  
 Death was as follows:  
Pneumonia  
Pulmonary Neuritis  
 (Duration) \_\_\_\_\_ yrs. mos. days

Was disease contracted in Arizona? \_\_\_\_\_  
 If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. mos. days

(Signed) Edw. J. Spiller  
6-15 1919 (Address) 84th & Broadway

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

LENGTH OF RESIDENCE  
 At place of death... yrs. mos. ds. In Arizona... yrs. mos. ds.  
 Former or Usual Residence Lower Calif.

The Above is True to the Best of My Knowledge  
 (Informant) Federico Arce  
 (Address) Montana Ranch

PLACE OF BURIAL OR REMOVAL  
Holy Hope Ch.

DATE OF BURIAL OR REMOVAL  
June 14 1919

UNDERTAKER  
Tucson Undy Co.

ADDRESS  
Tucson Ariz

Filed JUN 16 1919  
 Filed JUN 17 1919  
 Local Registrar  
D. J. Townsend  
 County Registrar.

WR. PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.