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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A MARGIN RESERVED FOR BINDING. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 390
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Pima
District
Town or City Tucson No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Maria M de Navarro

(a) Residence. No. 1224 S 4th Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR or RACE Latin American
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carlos Navarro

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years 90 Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Guaymas
(State or country) Sonora Mex

PARENTS

10. NAME OF FATHER Javian Martinez
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Mexico
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town)
(State or country)

14. Informant Frank Navarro
(Address) Tucson Ariz

15. Filed 6-18, 1924 Dr A J Schwabel Local Registrar.
Filed JUL 10 1924 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6-17- 1924

17. I HEREBY CERTIFY, That I attended deceased from 6/1, 1924 to 6/12, 1924
that I last saw h alive on 6/12, 1924
and that death occurred, on the date stated above, at 1:30 Am.
The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) A J Schwabel, M. D.
6-17- 1924 (Address) Tucson Arizona

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Holy Hope Cem — DATE OF BURIAL 6-18- 1924

20. UNDERTAKER Tucson Undt Co — ADDRESS Tucson