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MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.

PLACE OF DEATH

1. County Pima
District _____
Town or City Tucson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - No. 363
County Registrar's - - No. _____
Local Registrar's - - - No. _____

ORIGINAL CERTIFICATE OF DEATH

No. 775-111-2
If death occurred in a hospital or institution, give its NAME instead of street number) _____ St. _____ Ward _____

2. FULL NAME Abraham Salazar
(a) Residence No. 775-111 Ave. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE Latin 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
(Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carmen Grijalva

6. DATE OF BIRTH (month, day and year) _____
7. AGE Years Months Days IF LESS than 1 day hrs. or min. 40

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

9. BIRTHPLACE (city or town) Atenas
(State or country) Sonora Mexico

10. NAME OF FATHER Juan Salazar

11. BIRTHPLACE OF FATHER Sonora
(State or country) Mexico

12. MAIDEN NAME OF MOTHER Juan Salazar

13. BIRTHPLACE OF MOTHER Sonora
(State or country) Mexico

14. Informant Carmen Grijalva
(Address) _____

15. Filed 8/6 1925 Delgado Local Registrar
V. S. No. 1 Filed APR 10 1925 County Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3-5-1925

17. I HEREBY CERTIFY, That I attended deceased from 2-15-1925 to 3-1-1925 that I last saw h. alive on 3-1-1925

and that death occurred, on the date stated above, at 12:30 P.M.
The CAUSE OF DEATH was as follows:
Gastric Ulcer.

CONTRIBUTORY (duration) 1 yrs. mos. ds.
Secondary) _____

(duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____

Was there an autopsy? yes
What test confirmed diagnosis? St. hip. Exam.

(Signed) Delgado, M. D.
3-6-1925 (Address) Tucson
* 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 Sepulchre DATE OF BURIAL 3-5-1925

20. UNDERTAKER Tucson Mort Co ADDRESS Tucson