

40 1009

MARGIN RESERVED  
N. B.—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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Pima State Ariz State File No. 494  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 6471  
 City Tucson No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number).  
 2. FULL NAME Leopoldo Carrillo  
 (a) Residence No. 264 S Stem Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. moe. da. How long in U. S. if of foreign birth? yrs. moe. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of Romona Carrillo (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) 1869

7. AGE Years 58 Months x Days x IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (city or town) Tucson (State or country) Arizona

10. NAME OF FATHER Leopoldo Carrillo

11. BIRTHPLACE OF FATHER Wis (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Romona Nietes

13. BIRTHPLACE OF MOTHER Rayon (city or town) \_\_\_\_\_ (State or country) Arizona

14. Informant Antonia Carrillo (Address) Tucson Ariz

15. Filed 7/23 1927 Dray Dehuda Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7 21 - 1927  
 Month Day Year

17. I HEREBY CERTIFY That I attended deceased from May 31, 1927 to July 21, 1927 that I last saw him alive on May 31, 1927 and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH\* was as follows:  
Cerebral Apoplexy  
 (duration) yrs. 1/2 mos. da. \_\_\_\_\_  
Cerebral Apoplexy  
 (duration) yrs. 8 mos. da. \_\_\_\_\_

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) H. V. Whitman M. D. (Address) 7/23/1927  
 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 7-22-27

20. UNDERTAKER Tucson Mortuary ADDRESS Tucson Ariz