

2799

MARGIN RESERVED FOR BINDING. 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.
City: Tucson No. 34 P Man
2. FULL NAME: Bella Amanda Jacobs
(a) Residence No. 34 P Man
Length of residence in city or town where death occurred: yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: F. 4. COLOR or RACE: Latin 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Married
6. DATE OF BIRTH: Apr. 10-1889
7. AGE: 48 yrs, 4 mos, 12 days
8. OCCUPATION OF DECEASED: Housewife
9. BIRTHPLACE: Tucson Arizona USA
10. NAME OF FATHER: Leopoldo Cornell
11. BIRTHPLACE OF FATHER: Mrs Roma (city or town)
12. MAIDEN NAME OF MOTHER: Jesus Suarez
13. BIRTHPLACE OF MOTHER: Puyon (State or country)
14. Informant: Arthur Cornell (Address) Tucson Ariz
15. Filed: 11/14 1927 Alvin Kirnse Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: 11-12-27
17. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1927 to Nov. 12, 1927
that I last saw her alive on Nov. 11, 1927
and that death occurred, on the date stated above, at 125 m.
The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy
CONTRIBUTORY (Secondary)
18. Where was disease contracted?
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis?
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Hope Cem DATE OF BURIAL: 11-14-27
20. UNDERTAKER: Tucson Mortuary ADDRESS: Tucson Ariz