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MARGIN RESERVED FOR BINDING

N. B.—WRITE AINLY, WITH UNFADING INK—THIS IS A PERMANEN RECORD. Every item of information should be carefully supplied. AGE should be ated 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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 303

1. PLACE OF DEATH

County Pima State Arizona Registered No. 954

Township ..... or Village .....

City Tucson No. ..... or

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. ..... Ward

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Ramon C. T. Fimbres

(a) Residence: No. 533 W Speedway (rear) St. ..... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Mexican

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Altagracia Fimbres

6. DATE OF BIRTH (month, day, and year) Sept 17 - 1886

7. AGE Years 45 Months 2 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (state or country) Ures Mexico

FATHER

13. NAME Jesus Fimbres

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Serafia Ciquerro

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT (Address) Altagracia Fimbres 533 W. Speedway

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Holy Hope Cemetery Date Nov 20, 1931

19. UNDERTAKER (Address) Reilly Undertaking Co. Tucson, Arizona

20. Filed 11-23-, 1931 Lewis S. Howard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1931, to 11-10, 1931

I last saw him alive on 11-10-, 1931; death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia (primary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Same Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19..

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 539 S. Stone Ave.

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