

1960

MARGIN RESERVED FOR BINDING
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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** **BUREAU OF VITAL STATISTICS**

1. PLACE OF DEATH *Pima* State **ARIZONA** State File No. **421**
County *Pima* or Village *St. Marys Hosp* Registered No. *131*
Township *Sucson* No. *St. Marys Hosp* or
City *Sucson* (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward
Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S. if of foreign birth? mos. ds.
2. FULL NAME *Juana Barboa* How long in State when death occurred? *35* yrs. mos. ds.
(a) Residence: *Sucson Ariz* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Ramon Barboa*

6. DATE OF BIRTH (month, day, and year) *Mar 1899*

7. AGE Years *35* Months *x* Days *x* If LESS than 1 day, hrs. or min.

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

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) *Tupepe Ariz*

MOTHER/FATHER

13. NAME *Jesus Maria Burrell*

14. BIRTHPLACE (city or town) (State or country) *Ariz*

15. MAIDEN NAME *Nito Sanchez*

16. BIRTHPLACE (city or town) (State or country) *Ariz*

17. INFORMANT *Husband*

18. BURIAL, CREMATION, OR REMOVAL *Burial*
Place *Holy Hope* Date *4-2-1934*

19. UNDERTAKER *Parker-Smithshaw P*
Sucson Ariz

20. Filed *4-2-34* Registrar *Wm H. Howard*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Mar 31, 1934*

22. *3/29* I HEREBY CERTIFY, That I attended deceased from *3/31*, 1934, to *3/31*, 1934.
I last saw h. *ex* alive on *3/31*, 1934; death is said to have occurred on the date stated above, at *5 P.M.*
The principal cause of death and related causes of importance were as follows:
Tuberc. Pneumonia Date of Onset *Five days*
Chronic Nephritis *Five months*

Other contributory causes of importance:

Name of operation *None* Date of *None*

What test confirmed diagnosis? *Phys Exam* Was there an autopsy? *No*

23. If death was due to external cause (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? *No*

If so, specify
(Signed) *H. Stanley Hart* M. D.
Sucson Ariz

Assistant County Physician