

2774

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  
COUNTY Pima STATE ARIZONA STATE FILE NO. 329  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ REGISTERED NO. 254  
CITY Tucson NO. Yuma Road Rt 1 OR \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_

2. FULL NAME Apolonio Alday HOW LONG IN U. S. IF OF FOREIGN BIRTH? 50 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
(A) RESIDENCE: NO. Yuma Road Rt 1 ST. \_\_\_\_\_ YARD \_\_\_\_\_ HOW LONG IN STATE WHEN DEATH OCCURRED? 27 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11  
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN. 57  
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. \_\_\_\_\_  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Laborer  
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 COUNTY) Ures Sonora Mexico  
13. NAME Illijee Alday  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ures Sonora Mexico  
15. MAIDEN NAME Maria Cota  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ures Sonora Mexico  
17. INFORMANT (ADDRESS) Severo Alday  
18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Sepulchre Cemetery DATE 4/27 1938  
19. EMBALMER { LICENSE NO. 80 SIGNATURE Arturo Canullo  
FUNERAL DIRECTOR Tucson Mortuary ADDRESS 204 S. Stone Ave.  
20. FILED 4-2-35 Tucson REGISTRAR (ADDRESS) 11 Howard

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1938  
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 3-1-35 TO Mar 31 1935  
I LAST SAW HIM ALIVE ON 3/31 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2 a. m.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WAS AS FOLLOWS:  
Heart disease  
& abdominal aortic aneurysm  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
None  
NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ 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) Dr. D. J. Ductall M. D.  
(ADDRESS) 101 N. 1st St.