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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** STATE FILE NO. 372
BUREAU OF VITAL STATISTICS REGISTERED NO. 527

1. PLACE OF DEATH
COUNTY Pima STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Tucson NO. St. Clair St. ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 18 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Francisco Alday HOW LONG IN STATE WHEN DEATH OCCURRED? 23 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. St. Clair St. ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Esperanza Alday</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 17, 1911</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>10</u>	DAYS <u>21</u>
IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
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. <u>Laborer</u>		
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) <u>Phoenix, Arizona</u>		
13. NAME <u>Severo Alday</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Tumacacori, Arizona</u>		
15. MAIDEN NAME <u>Dolores Villa</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Tubac, Arizona</u>		
17. INFORMANT (ADDRESS) <u>Severo Alday</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holy Hops Cem.</u> DATE <u>7-8-</u> 19 <u>36</u>		
19. EMBALMER { LICENSE NO. <u>80</u> SIGNATURE <u>Arthur Carrillo</u> FUNERAL DIRECTOR <u>Tucson Mortuary</u> ADDRESS <u>Tucson, Arizona</u>		
20. FILED <u>7-8-36</u> 19 <u>36</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936

22. I HEREBY CERTIFY, THAT I INTENDED DECEASED FROM July 6, 1936 TO July 7, 1936
LAST SAW HIM ALIVE ON July 7, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Lobar pneumonia about (at upper lobe) July 1/36

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? Lab WERE 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? No
IF SO, SPECIFY _____ (SIGNED) C. B. Hood M. D.
(ADDRESS) _____