

2601

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. 476
Township _____ or Village _____ Registered No. 553
City Tucson No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 1 day. How long in U. S. if of foreign birth? 55 yrs. 4 mos. 1 day.
2. FULL NAME Julia Gimbras How long in State when death occurred? 55 yrs. 4 mos. 1 day.
(a) Residence: No. 509 S. Meyers St. _____ Ward _____ (If non-resident, give town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) widowed

5a. If married, widowed, or divorced HUSBAND of Feliciano Gimbras (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 1872?

7. AGE: Years 65 Months - Days - If LESS than 1 day, hrs. - or min. -

OCCUPATION: 8. Trade, profession, or particular kind of work done, as spinster, Sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Herminillo, Sonora (State or Country) Mexico

MOTHER: 13. NAME Unknown
14. BIRTHPLACE (city or town) Mexico (State or Country) _____
15. MAIDEN NAME Conception Amadora
16. BIRTHPLACE (city or town) Mexico (State or Country) _____

FATHER: 17. INFORMANT Gregorio F. Gimbras (Address) _____
18. BURIAL, CREMATION, OR REMOVAL Place Holy Hope Date 5/27/37 19.
20. Filed 5-26-37 Registrar John J. [unclear] (Address) 347 N. 6th Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-25-1937
22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1937 to May 24th, 1937
I last saw her alive on May 24th, 1937; death is said to have occurred on the (date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Arterio-sclerosis
Other contributory causes of importance: _____
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 Fred Valles (Signed) _____ M. D.
(Address) 347 N. 6th Ave