3141

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.

6-23-37

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

381

State File No. 601

Registered No.

1. PLACE OF DEATH

County Pima State ARIZONA

Township or Village

City Tucson No. 437 S. Fremont St., or

(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 18 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Amparo Basurto Morales

How long in State when death occurred? 18 yrs. mos. ds.

(a) Residence: No. 1437 S. Fremont St., Ward

(Usual place of abode) (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: Santiago Morales

6. DATE OF BIRTH (month, day, and year): July 1918

7. AGE: Years 18 Months 11 Days — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Mineral Hill Arizona

FATHER

13. NAME: Jose Basurto

14. BIRTHPLACE (city or town) (State or Country): Mexico

MOTHER

15. MAIDEN NAME: Carmen Lota

16. BIRTHPLACE (city or town) (State or Country): Mexico

17. INFORMANT (Address): John Basurto

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Hope Date 6-18, 1937

19. EMBALMER License No. 1888

Signature: Raymond Lee

FUNERAL DIRECTOR: Reilly Undertaking Co.

Address: Tucson Ariz.

20. Filed June 18, 1937 Lewis A. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937, to June 14, 1937

I last saw her alive on June 14, 1937; death is said to have occurred on the date stated above, at 4:00 P.m.

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

	Date of Onset
Bilateral Pulmonary T.B.	More than 1 yr.
Other contributory causes of importance:	
Child Birth	4 mo ago

Name of operation: No Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

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) A. B. Thompson M. D.

(Address) Tucson Ariz.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information