

8063

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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

### Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 426

Registered No. 1099

1. PLACE OF DEATH  
 County Pima State ARIZONA  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Tucson No. 503 Carrillo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME, location of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Amanda Preciado How long in State where death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. 221 Kennedy St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If not resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Feb. 1937</u>				
7. AGE		Years	Months	Days
			<u>10</u>	
				If LESS than 1 day, <u>12</u> hrs. or _____ min.
OCCUPATION	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.			
	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) <u>Tucson, Ariz.</u>				
FATHER	13. NAME <u>Jose Preciado</u>			
	14. BIRTHPLACE (city or town) (State or Country) <u>Sonora Mexico</u>			
MOTHER	15. MAIDEN NAME <u>Maria Durazo</u>			
	16. BIRTHPLACE (city or town) (State or Country) <u>Sonora Mexico</u>			
17. INFORMANT (Address) <u>Jose Preciado</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Tucson</u> Date <u>Dec 26, 1937</u>				
19. EMBALMER { License No. _____ Signature <u>Thomas J. Smiley</u> FUNERAL DIRECTOR <u>Thomas J. Smiley</u> Address <u>Tucson, Arizona</u>				
20. Filed <u>12-27, 1937</u> <u>LeRoy H. Howard</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Dec 25, 1937</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb.</u> , 19 <u>37</u> , to <u>Dec 25,</u> , 19 <u>37</u>	
I last saw her alive on <u>Dec 25,</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>8:20</u> p.m.	
The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u>	
Date of Onset _____	
Other contributory causes of importance: <u>Marasmus</u>	
Name of operation <u>None</u> Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
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) <u>Robert M. Cloran</u> M. D. (Address) <u>901 Valley Natl. Bldg.</u>	