400

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

State File No. ...

1. PLACE OF DEATH

County Pima State ARIZONA Registered No. 487

Township ... or Village ... or

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

2. FULL NAME Benjamin Altamirano How long in State when death occurred? ... yrs. ... mos. ... ds.

(a) Residence: No. 411 W 37th St St., ... Ward ... (If non-resident give city or town and state)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Dolores Altamirano

6. DATE OF BIRTH (month, day, and year) Mar 10-1897

7. AGE Years 41 Months 3 Days 7 If LESS than 1 day, ... 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. 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 Country) Tucson Ariz.

FATHER

13. NAME Gabino Altamirano

14. BIRTHPLACE (city or town) (State or Country) Tucson Arizona

MOTHER

15. MAIDEN NAME Juana Gallego

16. BIRTHPLACE (city or town) (State or Country) Tucson Ariz.

17. INFORMANT (Address) Dolores Altamirano Tucson Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Hope Date 6/18/38 19...

19. EMBALMER License No. 1479 Signature Thos. E. Walters

FUNERAL DIRECTOR Reilly Undertaking Co

Address Tucson Ariz.

20. Filed 6-18-, 1938. Dr. L. H. Howard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-17-, 1938, to 6-17-, 1938

I last saw him alive on 6-17, 1938; death is said to have occurred on the date stated above, at 8:30 A.m.

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

Influenza (Intestinal) — Date of Onset 6/15/38

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Hyp. Exam 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) [signature], M. D.

(Address) Tucson ...

Back of Certificate to be used for any Additional Information

10M 1-7-38 MS Form 3 100% Rag