2338

311

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. 271

Township or Village or

City Tucson No. 41st & 10th 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 66 yrs. mos. ds. How long in U. S. if of foreign birth? 66 yrs. mos. ds.

2. FULL NAME Antonio Bravo How long in State when death occurred? 66 yrs. mos. ds.

(a) Residence: No. 10th & 41st 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 Carlota Bravo

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE: Years 68 | Months x | Days x | 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) Hermosillo Sonora, Mexico

FATHER

13. NAME Martiriano Bravo

14. BIRTHPLACE (city or town) (State or Country) Unknown

MOTHER

15. MAIDEN NAME Guadalupe Romero

16. BIRTHPLACE (city or town) (State or Country) Unknown

17. INFORMANT (Address) Filomeno Bravo

18. BURIAL, CREMATION, OR REMOVAL Place Holy Hope Cem. Date 10-13-38 19

19. EMBALMER License No. 180 Signature Cecil R. Green

FUNERAL DIRECTOR Tucson Mortuary

Address Tucson, Arizona

20. Filed 10-13, 1938 L. N. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1938, to September 29, 1938

I last saw him alive on September, 1938; death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis — Date of Onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No 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) R. Hernandez, M. D.

(Address) 22-E. 13th St.

Back of Certificate to be used for any Additional Information

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