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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. 385

1. PLACE OF DEATH

County Pima State ARIZONA Registered No. 1

Township \_\_\_\_\_ or Village \_\_\_\_\_

City Tucson No. Sonora & Columbus 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 22 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth 22 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Adelina Leon How long in State when death occurred 22 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(a) Residence: No. Columbia & Sonora St. St. \_\_\_\_\_ Ward \_\_\_\_\_ (if non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
8. SEX <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>Jan. 1, 1940</u>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>I saw her over here</u>			
6. DATE OF BIRTH (month, day, and year) <u>May 17, 1907</u>					I last saw her alive on <u>12-25</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>4:20 P.M.</u>		
7. AGE		Years <u>32</u>	Months <u>7</u>	Days <u>15</u>	The principal cause of death and related causes of importance were as follows: <u>Tuberculosis pulmonaris</u>		
		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset <u>1-25-38</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					Other contributory causes of importance:	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>						
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Carbo</u> (State or Country) <u>Sonora, Mexico</u>							
FATHER	13. NAME <u>Francisco Leon</u>						
	14. BIRTHPLACE (city or town) <u>Florence</u> (State or Country) <u>ARIZONA</u>						
MOTHER	15. MAIDEN NAME <u>Luisa Ramirez</u>						
	16. BIRTHPLACE (city or town) <u>Fabrica Los Angeles</u> (State or Country) <u>Sonora, Mexico</u>						
17. INFORMANT (Address) <u>Francisco Leon</u> <u>Columbia &amp; Sonora</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Hope Cem.</u> Date <u>Jan. 2, 1940</u>							
19. EMBALMER		License No. <u>400</u>					
		Signature <u>Lepoldo Cervello</u>					
FUNERAL DIRECTOR		<u>Tucson Mortuary</u>					
		Address <u>Tucson, Arizona</u>					
20. Filed <u>1-2</u> , 19 <u>40</u> <u>J. H. Howard</u> Registrar							
					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.		
					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ M. D. (Signed) <u>Juan Cervello</u> (Address) _____		

Back of Certificate to be used for any Additional Information!