2928

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 440 1052
Registrar's No. 28 W 29th St

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location 28 W 29th St (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 55 yrs (Specify whether years, months or days); In Community 55 yrs; In Arizona 55 yrs

2. Usual Residence of Deceased: (a) State Ariz (b) County Pima; (c) City or Town Tucson (If outside city limits also write RURAL)
(d) Street No. 28 W 29th St. (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Antonia Benitez Tellez (b) If Veteran name war no (c) Social Security No. none

4. Sex Female | 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ | 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Francisco S. Tellez | 6. (c) Age of husband or wife, if alive 64 yrs.
7. Birthdate of deceased June (Month) 3rd (Day) (Year)
8. AGE: Years 60 | Months 5 | Days 19 | If less than one day hrs. min.
9. Birthplace Sonora (City, town or county) Mexico (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name Jesus Benitez
13. Birthplace Mexico (City, town or county) (State or Country)
Mother 14. Maiden Name Jesus Noriega
15. Birthplace Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Francisco S. Tellez
(b) Address Tucson Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope (c) Date Nov 26 1943
18. (a) Embalmer's Signature Chris A Reilly
(b) Funeral Director Reilly Undertaking Co
(c) Address Tucson Ariz
19. (a) 11-24-43 (Date received Local Registrar)
(b) L. A. Howard M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 22, 1943;
TIME (Hour and minute) 7:30 P M.
21. I hereby certify that I attended the deceased from Dec 1943 to Nov 22 1943; that I last saw h. 22 alive on 11-22 1943; and that death occurred on the date and hour stated above.
Immediate cause of death Acute Intoxication
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION: 12 hours.

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Juan Vera M. D.
Address 628 S. 6th Date signed 11-23-43

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