2680

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 380
Registrar's No. 888

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location St. Marys Hosp (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 9 hours; In Community 24 yrs; In Arizona 24 yrs (Specify whether years, months or days)
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. 320 West 39th Street; (e) Citizen of foreign country (Yes or No) No If Yes, which country
3. (a) FULL NAME Francisca J. Bonillas (b) If Veteran name war ----- (c) Social Security No. -------

4. Sex Fem
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Antonio Bonillas
6. (c) Age of husband or wife, if alive 65 yrs.
7. Birthdate of deceased March 7th, 1882 (Month) (Day) (Year)
8. AGE: Years 65 Months 6 Days 17 If less than one day hrs. min.
9. Birthplace Magdelena, Sonora, Mexico (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name Ildefonso Gonzales
13. Birthplace Mexico (City, town or county) (State or Country)
Mother 14. Maiden Name Refugio Gonzalez
15. Birthplace Mexico (City, town or county) (State or Country)
16. (a) Informant's own signature Ann Bonillas
(b) Address Tucson Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope (c) Date 9-25 1947
18. (a) Embalmer's Signature Chris E. Reilly
(b) Funeral Director Reilly Hnl Co.
(c) Address Tucson Arizona
19. (a) 9-25-47 (Date received Local Registrar)
(b) Vernon F. Oakey Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 24th, 1947;
TIME (Hour and minute) 4:10 A. M.
21. I hereby certify that I attended the deceased from 9 Sept 47, 1947 to 24 Sept, 1947; that I last saw her alive on 4:00 AM 24 Sept, 1947; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis
Due to Diabetes mellitus
Arteriosclerosis generalis
Due to —
Other conditions —
(Include pregnancy within three months of death)
Major findings: —
Of operations
Of autopsy —

DURATION
?
?
?

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 Raymond F. Beck M. D.
Address 1235 Stone Date signed Sept 24/47

40M—100% Rag—6-10-44