

1343

# RETURN OF A DEATH

County of Pima  
Territory of Arizona

City of Tucson

No. of Record

[Empty box for No. of Record]

No. of Burial Permit

2826

NO INCOMPLETE RETURN WILL BE ACCEPTED

No. 1. Name in full Jesus M<sup>a</sup> Munguia v

2. Color WHITE 3. Sex MALE 4. Conjugal Condition SINGLE  
 MEXICAN FEMALE MARRIED  
 BLACK (Negro or mixed) WIDOWED  
 INDIAN DIVORCED  
 CHINESE  
 JAPANESE

Note: For questions 2, 3 and 4, strike out words not appropriate.

5. Date of Death { Year 1906 } 6. Date of Birth { Year 1836 } 7. Age { Years 68 }  
 { Month April } { Month — } { Months — }  
 { Day 27 } { Day — } { Days — }

8. Occupation \_\_\_\_\_

9. Place of Birth Yuma, Sonora (Return occupation for all persons 10 years of age and over)

10. Birthplace of Father Sonora Mex } STATE OR COUNTRY

11. Birthplace of Mother " " }

12. Disease or Cause of Death: C  
 CHIEF CAUSE Endocarditis DURATION [Empty box]  
 CONTRIBUTING CAUSE \_\_\_\_\_

PLACE WHERE DISEASE WAS CONTRACTED, if any other than place of death \_\_\_\_\_

13. Place of Death: No. St Marys Hospital Street \_\_\_\_\_ Ward \_\_\_\_\_

If death occurred in an institution, give name of same \_\_\_\_\_

Length of time deceased was an inmate \_\_\_\_\_ and previous residence \_\_\_\_\_

14. Late Residence Tucson

LENGTH OF RESIDENCE (in city) about 50 years

UNDERTAKER Arizona Undertaking Co

PLACE OF INTERMENT Catholic Cemetery

SIGNATURE A. Robles del Campo (Of physician or informant)

DATE OF CERTIFICATE 4/23/06, 190\_\_\_\_\_

FILL OUT WITH INK AND WRITE PLAINLY

RETURN OF A DEATH  
City of Tucson

County of Pima  
Territory of Arizona

No. of license  
No. of death return  
2794

NO INCOMPLETE RETURN WILL BE ACCEPTED

No. 1. Name in full Jeanette Wynne

2. Color White  
3. Sex Female  
4. Conjugal Condition Married

5. Date of Birth Nov 22 1892  
Month Nov Day 22 Year 1892

6. Place of Birth Chicago, Illinois  
7. Birthplace of Father Chicago, Illinois  
8. Birthplace of Mother Chicago, Illinois

9. Disease or Cause of Death Cardiovascular  
10. Physician Dr. [Name]

11. Place of Death At Home  
12. If death occurred in an institution, give name of same  
13. If death occurred in an institution, give name of same and previous residence

14. Last Residence Tucson  
15. Location of Residence (in city)  
16. Business Teacher

17. Place of Interment Catholic Cemetery  
18. Date of Certificate 11/27/20  
19. Signature [Signature]

Fill out with ink and write plainly