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If any item can not be obtained insert the word "unknown". Make every effort possible to secure this information. Incorrect certificates be returned for correction.

Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
COUNTY Cochise
DISTRICT Douglas
TOWN OR CITY Douglas

277
TERRITORIAL INDEX NO.
COUNTY REGISTERED NO. 361
LOCAL REGISTRAR'S NO. 11

NO. Columbian Arizona Hospital
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Gilberto Acedo

PERSONAL AND STATISTICAL PARTICULARS.

SEX <u>Male</u>	COLOR or RACE White <input checked="" type="checkbox"/> Indian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>
DATE OF BIRTH <u>Aug 10 1889</u> (Month) (Day) (Year)	AGE <u>21</u> yrs. <u>9</u> mos. <u>1</u> days If less than 1 day _____ hrs., or _____ min.	
OCCUPATION (a) Trade, profession or particular kind of work <u>Common laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>in Project Rail Road</u>		
BIRTHPLACE (State or country) <u>Mexico</u>		
PARENTS	NAME OF FATHER <u>Carmello Acedo</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>	
	MAIDEN NAME OF MOTHER <u>Trinidad Lopez</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Mexico</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jose Costa
(Address) Douglas

PLACE OF BURIAL OR REMOVAL Douglas DATE OF BURIAL OR REMOVAL Aug 12 1911
UNDERTAKER Shyerson ADDRESS Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1911
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 8-4 1911 to 8-11 1911; that I last saw him alive on 8-11-11 1911 and that death occurred on the date stated above at 9 P M. The DISEASE or INJURY causing Death was as follows:

Gastro Enteritis
(Duration) 8 days

Was disease contracted in Arizona? yes

If not, where? 100

CONTRIBUTORY (Duration) 7 yrs. 10 mos. 0 days
(Signed) L. J. DeWitt M. D.
8/12 1911 (Address) Douglas, Ariz.

*In deaths from VIOLENT CAUSES, state (1) MEANS of INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death 1 yrs. 1 mos. 1 ds. In Arizona 1 yrs. 0 mos. 0 ds.
Former or Usual Residence 458 - 4th Douglas

Filed AUG 12 1911 1911 Walgreen Local Registrar
Filed 9/10/11 1911 Althoffman County Registrar.