2724

ORIGINAL

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 594

County Registrar No.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Yuma

District

Town or City Yuma No. St. Local Registrar's No. 16

(If death occurred in a Hospital or Institution, give its name instead of street and number)

FULL NAME Guadalupe Acuña

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR OR RACE ~~White~~ ~~Black~~ ~~Indian~~ ~~Chinese~~ Mexican

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH

(Month) (Day) (Year)

AGE 50 yrs. mos. days If less than 1 day hrs., or min.

OCCUPATION

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Mexico

PARENTS

NAME OF FATHER Jose maria acuña

BIRTHPLACE OF FATHER (State or country) Mexico

MAIDEN NAME OF MOTHER Juana Yjonea

BIRTHPLACE OF MOTHER (State or country) Mexico

The above is true to the best of my knowledge.

(Informant) O Johnson

(Address) Yuma Ariz

Place of Burial or Removal: Yuma Cemetery

Date of Burial or Removal: 1-31 1922

Undertaker: O Johnson

Address: Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 30 22

(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 20 1921, to Jan 30, 1922; that I last saw him alive on, 19, and that death occurred on the date stated above at 11:30 P.M. The DISEASE or INJURY causing death was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 4 mos. days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) C E Rodney, M. D.

2-10, 1922 (Address) Yuma

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death years months days

In Arizona years months days

Former or Usual Residence

Filed Jan 31, 1922. H Wyppermann Deputy Local Registrar.

A True Copy

Filed 2-9-, 1922 C E Rodney County Registrar.