ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7948

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 249

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY — IN THIS TOWN: 43 YRS. IN ARIZONA: 44 YRS
C. CITY OR TOWN: LITCHFIELD PARK ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CAMP 52

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA B. COUNTY: MAR.
C. CITY OR TOWN: LITCHFIELD PARK ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P.O. BOX 13 (CAMP 52)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): ESTHER B. (MIDDLE): F. C. (LAST): ACUNA
4. SEX: FE
5. COLOR OR RACE: WH
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: PEDRO —
7. DATE OF BIRTH — MONTH: MAR DAY: 3 YEAR: 03
8. AGE (IN YEARS LAST BIRTHDAY): 58 — IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): HOUSEWIFE
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MEXICO
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): NO (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: NONE.
14A. FATHER'S NAME: MARIANO —
14B. BIRTHPLACE (STATE OR COUNTRY): MEXICO
15A. MOTHER'S MAIDEN NAME: SARAH FERRA
15B. BIRTHPLACE (STATE OR COUNTRY): MEXICO
16. INFORMANT'S SIGNATURE: Pedro Acuna ADDRESS: BOX 3 LITCHFIELD PARK
17. DATE OF DEATH — (MONTH): SEPT. (DAY): 3 (YEAR): 61

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Carcinoma of naso-pharynx — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) with metastasis
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 30, 1957 TO Sept. 2, 1961, THAT I LAST SAW THE DECEASED ALIVE ON Sept 2, 1961, AND THAT DEATH OCCURRED AT 9:15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: James Martin (DEGREE OR TITLE) DO.
22B. ADDRESS: Avondale, Ariz
22C. DATE SIGNED: 9-5-61

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-6-61
25C. NAME OF CEMETERY OR CREMATORY: LITCHFIELD
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): LITCHFIELD PARK-MAR.
26A. DATE REC. BY LOCAL REG.: 9-7-61
26B. REGISTRAR'S SIGNATURE: Etta Butler Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Don H Cannon
27B. ADDRESS: AVONDALE
28A. EMBALMER'S SIGNATURE: Don H Cannon
28B. EMBALMER'S CERT. NO.: 337

FORM VS-2 REV. 3-15-55 1 15M AMPCO 32567