

1754

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - No. 3
County Registrar's No. 3
Local Registrar's - No. 3

PLACE OF DEATH
1. County Yuma
District Sumner
Town or City Sumner No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Miguel Acosta
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR or RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)			16. DATE OF DEATH (month, day, and year) 19 <u>23</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Dec 26-1921</u>					17. <u>1-26-23</u> HEREBY CERTIFY, That I attended deceased from <u>1-23</u> , 19 <u>23</u> to <u>1-26</u> , 19 <u>23</u> that I last saw him alive on <u>1-26</u> , 19 <u>23</u> and that death occurred, on the date stated above, at <u>5:20</u> a.m. The CAUSE OF DEATH* was as follows: <u>Broncho-pneumonia</u>	
6. DATE OF BIRTH (month, day and year)					18. Where was disease contracted <u>at home</u> if not at place of death?	
7. AGE	Years <u>1</u>	Months <u>1</u>	Days	IF LESS than 1 day.....hrs. or.....min.	CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>1/26/23</u>	
9. BIRTHPLACE (city or town) (State or country) <u>Sumner Ariz</u>					20. UNDERTAKER <u>Dr. C. C. Rooney</u> ADDRESS <u>Yuma Ariz</u>	
10. NAME OF FATHER <u>Marcos Acosta</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Mexico</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>1/26/23</u>	
12. MAIDEN NAME OF MOTHER <u>Rosa Cruz</u>					20. UNDERTAKER <u>Dr. C. C. Rooney</u> ADDRESS <u>Yuma Ariz</u>	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Mexico</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
14. Informant (Address) <u>Dr. C. C. Rooney</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>1/26/23</u>	
15. Filed <u>1-29-23</u> Registrar <u>Dr. C. C. Rooney</u>					20. UNDERTAKER <u>Dr. C. C. Rooney</u> ADDRESS <u>Yuma Ariz</u>	

V. S. No. 1 Feb 9 Dr. C. C. Rooney Registrar.