3243

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 471
County Registrar's - - No.
Local Registrar's - - - No. 15

PLACE OF DEATH

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

2. FULL NAME Ramona Acosta

(a) Residence. No. In Somerton St., Ward.
(Usual place of abode) (If non-resident, 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

3. SEX Female
4. COLOR or RACE mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of manuel acosta

6. DATE OF BIRTH (month, day and year)

7. AGE 19 Years Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Arizona
(State or country)

PARENTS

10. NAME OF FATHER Louis Duran
11. BIRTHPLACE OF FATHER mexico
(State or country) (city or town)
12. MAIDEN NAME OF MOTHER maria
13. BIRTHPLACE OF MOTHER mexico
(State or country) (city or town)

14. Informant
(Address)

15. Filed June 9, 1925 C. R. Cavanah
Local Registrar.
Filed , 19
County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6-7 1925

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1924 to 6-7, 1925
that I last saw her alive on 6-7, 1925
and that death occurred, on the date stated above, at 7 P.m.
The CAUSE OF DEATH* was as follows:
Epithelioma of Uterus.

(duration) yrs 7-8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) Paul R. Liberty M.D.
6-8 1925 (Address) Somerton

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery
DATE OF BURIAL 6/8 1925

20. UNDERTAKER O. Johnson
ADDRESS Yuma Ariz

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.