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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH State File No. 249
County Maricopa State Registered No. 118
District or Township Mesa District
City No. St. Ward

2. FULL NAME Elodia Acosta
(If death occurred in a hospital or institution, give its NAME instead of street and number).

(a) Residence No. 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 Male
4. COLOR or RACE Mexican
5. SINGLE, MARRIED, WIDOWED or DIVORCED Single

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

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

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

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

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

10. NAME OF FATHER Adisloado Saucedo

11. BIRTHPLACE OF FATHER Mex (State or country)

12. MAIDEN NAME OF MOTHER Gregoria Acosta

13. BIRTHPLACE OF MOTHER Mex (State or country)

14. Informant Rufino Gubas (Address) Mesa Arizona

15. Filed Aug 26 1925 H. J. McNeill Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 25 1925

17. I HEREBY CERTIFY, That I attended deceased from investigated cause of death 19 to 19 that I last saw h. alive on 19

and that death occurred, on the date stated above, at 5:30 p.m. The CAUSE OF DEATH* was as follows: lightning stroke

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? at place of death

Was an operation precede death? no Date of Was there an autopsy? no

What test confirmed diagnosis? Signed: H. J. McNeill M. D. 8-26 1925 (Address) Mesa Ariz

* 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 Mesa Cemetery DATE OF BURIAL Aug 26

20. UNDERTAKER W. A. Burton & Sons ADDRESS Mesa

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. 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.