

134

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

1. PLACE OF DEATH State File No. 104 Registered No. 58
County Graham State Arizona
District or Township Safford or Village
City
2. FULL NAME Antonia Herste Acosta
(a) Residence, No. Pletcher Ariz. St. Ward
Length of residence in city or town where death occurred 30 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 Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miguel Herste Acosta
6. DATE OF BIRTH (month, day and year) 1/8/70
7. AGE Years 61 Months unknown Days
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) Sonora (State or country) Mex.
10. NAME OF FATHER Pedro Valencuela
11. BIRTHPLACE OF FATHER (city or town) Mex. (State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

14. Informant Pedro Robles (Address) Pletcher Ariz.
15. Filed 6/8/1931 J. H. Stratton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 18 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931 to May 18 1931
at I last saw her alive on May 10 1931
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis and chronic nephritis
(duration) 2 yrs. 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? Clinical
(Signed) J. W. Butler M. D.
May 18 1931 (Address) Safford
* 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 DATE OF BURIAL
Araviepa Ariz. May 18 1931
20. UNDERTAKER ADDRESS
W. C. Pearson Safford

MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked. N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.