

MARGIN RESERVED FOR BINDING  
N. B.—WRITE IN INK, 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.

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

1. PLACE OF DEATH  
 County Cochise State Arizona State File No. 14  
 Township Benson or Village \_\_\_\_\_ Registered No. 6  
 City Quitova No. \_\_\_\_\_ or \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ da. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ da. **1570**

2. FULL NAME Miguel Acuna How long in state when death occurred? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ da.  
 (a) Residence: No. Quitova (Benson P.O.) Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>6-9-1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____	
6. DATE OF BIRTH (month, day, and year) <u>6-7-1933</u>					I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at <u>2.00 P.</u> m.	
7. AGE Years _____ Months _____ Days <u>2</u> If LESS than 1 day, _____ hrs. or _____ min.					The principal cause of death and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Date of Onset	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wool Export</u>					
10. Date deceased last worked at this occupation (month and year) _____					11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Quitova (Benson P.O.)</u> (state or country) <u>Arizona</u>					Other contributory causes of importance:	
MOTHER	13. NAME <u>Palo Acuna</u>				Name of operation _____ Date of _____	
	14. BIRTHPLACE (city or town) <u>Bista</u> (State or country) <u>Arizona</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
FATHER	15. MAIDEN NAME <u>Celia Valencia</u>				23. If death was due to external causes (violence) fill in also the following:	
	16. BIRTHPLACE (city or town) <u>Bista</u> (State or country) <u>Arizona</u>				Accident, suicide, or homicide? _____ Date of injury _____, 19____	
17. INFORMANT <u>Palo Acuna</u> (Address) <u>Benson, Arizona</u>					Where did injury occur? _____ (Specify city or town, county and State)	
18. BURIAL, CREMATION OR INTERMENT Place <u>Benson Cemetery</u> Date <u>6-10-1933</u>					Specify whether injury occurred in industry, in home, or in public place.	
19. UNDERTAKER <u>Family &amp; friends</u> (Address) _____					Manner of injury _____ Nature of injury _____	
20. Filed <u>6-10-1933</u> <u>Richard E. Yellott</u> Registrar.					24. Was disease or injury in any way related to occupation of deceased? _____	
					If so, specify _____ (Signed) <u>Richard E. Yellott</u> M. D. (Address) <u>Benson, Arizona</u>	