4182

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 539

1. PLACE OF DEATH

COUNTY Yuma STATE ARIZONA REGISTERED NO. 4

TOWNSHIP OR VILLAGE OR

CITY Yuma NO. Yuma General Hospital ST. WARD

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 14 YRS. 1 MOS. 21 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME Gregorio Acosta HOW LONG IN STATE WHERE DEATH OCCURRED? 14 YRS. 1 MOS. 21 DS.

(A) RESIDENCE: NO. 5th St & 10th Ave Yuma WARD

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

23

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE Mexican ~~Latin~~

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22 1920

7. AGE YEARS 14 MONTHS 1 DAYS 21 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Child

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma Arizona

FATHER

13. NAME Ruperto Acosta

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Picacho Calif.

MOTHER

15. MAIDEN NAME Macaria Pantojas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma Arizona

17. INFORMANT (ADDRESS) Frank Arviso 131 North Main St Yuma

18. BURIAL PLACE Yuma Cemetery DATE 1/14/35, 19

19. EMBALMER LICENSE NO. 19 SIGNATURE O. Johnson

FUNERAL DIRECTOR The Johnson mortuary

ADDRESS Yuma Arizona

20. FILED January 14, 1935 Indry A. Wiffenman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13 1935, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 11-20, 1934, TO 1-13, 1935

I LAST SAW HIM ALIVE ON 1-10, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:00 a M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pulmonary T. B. DATE OF ONSET 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: None 77

NAME OF OPERATION None DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19

WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY

(SIGNED) W. C. Cain, M. D.

(ADDRESS) Yuma, Ariz.

10M—10-6-34—REP-GAZ PRINTERY— FORM 8

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION