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N. B.—WRITE FAIRLY, 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. 105

1. PLACE OF DEATH
 County Greenlee State ARIZONA Registered No. 198
 Township Morenci or Village _____
 City Morenci No. _____ (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. _____ ds. How long in U. S. _____ yrs. _____ mos. _____ ds. or foreign birth? 47 yrs. _____ mos. _____ ds.
 2. FULL NAME Jose Acosta
 (a) Residence: No. Morenci Sr. _____ Ward _____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married

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

6. DATE OF BIRTH (month, day, and year) Mar 19-1875

7. AGE Years 60 Months 4 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner

10. Date deceased last worked at this occupation (month and year) July 1932 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (state or country) Mexico

MOTHER

13. NAME Eustaquio Acosta

14. BIRTHPLACE (city or town) (State or country) Mexico

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) _____

FATHER

17. INFORMANT Juan Acosta (son) (Address) Morenci

18. BURIAL, CREMATION, OR REMOVAL
 Place Fraternity Date July 20, 1935

19. UNDERTAKER Francisco (Address) _____

20. July 20 1935 5111 Morenci Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 1935

22. I HEREBY CERTIFY that I attended deceased from July 1933 to July 1935
 I last saw him alive on July 15, 1935 death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis 1930 Date of Onset _____

Other contributory causes of importance:
Silicosis

Name of operation _____ 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?
Secondary to silicosis - Yes
 If so, specify in mine 37 years
 (Signed) Haleo Rice M. D.
 (Address) Morenci