

2704

489

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 78
Registered No. 78

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Yuma
Township: Yuma
City: Yuma
State: ARIZONA

2. FULL NAME: Marie Acosta
(a) Residence: No. 17
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: female
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED, or DIVORCED: single

6. DATE OF BIRTH: January 18 1939
7. AGE: 3 years, 5 months, 5 days

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): Yuma Arizona

12. BIRTHPLACE (city or town) (State or Country): Yuma Arizona

13. NAME: Fabian Acosta

14. BIRTHPLACE (city or town) (State or Country): Mexico

15. MAIDEN NAME: Marcella Zapata

16. BIRTHPLACE (city or town) (State or Country): New Mexico

17. INFORMANT: Fabian Acosta
(Address) Box 1787 Yuma, Arizona

18. BURIAL, CREMATION, OR REMOVAL: Yuma Cemetery
Place: Yuma Date: 4/25/39

19. EMBALMER: John Johnson
FUNERAL DIRECTOR: The Johnson Mortuary
Address: Yuma Arizona

20. Filed: April 29 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 23 1939
22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1939 to 4/23, 1939
I last saw her alive on 4/21, 1939; death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:
Gastroenteric intoxication

Other contributory causes of importance:
None

Name of operation: _____ Date of: _____
Was there an autopsy? No

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?
If so, specify: _____ (Signed) _____ M. D.
(Address) Yuma, Ariz.

MARGIN RESERVED FOR BINDING
EVERY PHYSICIAN SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
Exact statement of OCCUPATION is very important.