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SOCIAL SECURITY NO. None / 50

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH Cochise State ARIZONA Registered No. 40
 County Cochise or Village Cochise County Hospital or
 Township Douglas No. Cochise County Hospital St. Ward
 City (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 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
 How long in State when death occurred? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. FULL NAME Manuel Abasta
 (a) Residence: Fairview Add'n Douglas Ariz (Usual place of abode) (If non-resident give city or town and state)

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

5a. If married, widowed, or divorced
 HUSBAND of Rosaria Gutierrez Abasta
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-15-1937
 7. AGE Years 52 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER
 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) 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) SAN ANTONIO (State or Country) TEXAS

13. NAME Unknown
 14. BIRTHPLACE (city or town) Unknown (State or Country)

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (city or town) Unknown (State or Country)

17. INFORMANT Elvira Abasta (Address) Fairview Add'n Douglas Ariz

18. BURIAL, CREMATION, OR REMOVAL
 Place Douglas, Arizona Date 2-25-40 19.

19. EMBALMER License No. 238 Signature Donald Brown
 FUNERAL DIRECTOR Porter & Ames
 Address Douglas, Arizona

20. Filed 2-24-40 19 Registrar Leonard (Address) Douglas Arizona

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24-40
 22. 2-25-40 I HEREBY CERTIFY, That I attended deceased from 2-24-40 19 to 2-24-40 19

I last saw him alive on 2-24-40 19 ; death is said to have occurred on the date stated above, at 12-45 AM

The principal cause of death and related causes of importance were as follows: Diabetes Mellitus Date of Onset

Diabetic Coma of Right Leg -
 Other contributory causes of importance:

Name of operation Inoperable Date of
 What test confirmed diagnosis clinical 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 Ed. Adkinson (Signed) M. D.
 (Address) Douglas Arizona

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.