

1753

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 20 days In Community none In Arizona 20 days
(Specify whether years, months, days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma
(If outside city limits also write RURAL)

(d) Street No. 10th St + Rowan Ave (e) If foreign born, in U.S. _____ yrs.

3. (a) FULL NAME Maria Susana Acosta (b) Veteran name war 35 (c) Social Security No. none
(If NONE write the word)

4. Sex Female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug 11 1940
(Month) (Day) (Year)

8. AGE: Years 5 Months 5 Days 15 If less than one day
hrs. _____ min. _____

9. Birthplace Yuma, Yuma Arizona
(City, town or county) (State or Country)

10. Usual Occupation Child

11. Industry or Business none

Father { 12. Name Fabian Acosta
13. Birthplace Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Marsella Acosta
15. Birthplace Carlsbad Eddy, New Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Maria Zapata
(b) Address Box 815 Yuma Arizona

17. (a) Burial, Cremation or Reinterment Burial
(b) Place Yuma Cemetery (c) Date 1/18/41

18. (a) Embalmer's Signature Dr. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma Arizona

19. (a) Jan 18 1941
(Date received local Registrar)

(b) Mary A. Sufferman
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 17 1941
TIME (Hour and minute) 11 25 A.M.

21. I hereby certify that I attended the deceased from Jan 14 1941 to Jan 17 1941
that I last saw him/her alive on Jan 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in _____
_____ place? (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature John E. Cator M.D.
Address Yuma, Ariz. Date signed Jan 17 41

DURATION
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.