3153

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 386
Registrar's No. 621

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location St. Mary's Hosp (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 days; In Community 1 M 15 days (Specify whether years, months or days); in Arizona 1 mos 15 da

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

(d) Street No. 128 West Pennington; (e) Citizen of foreign country (yes or No) no If Yes, which country

3. (a) FULL NAME Consuelo Ida Acosta (b) If Veteran name war no (c) Social Security No. none

4. Sex Female | 5. Color or Race White | 6. (a) Single, married, widowed or divorced Child

6. (b) Name of husband or wife Child | 6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased May (Month) 10 (Day) 1943 (Year)

8. AGE: Years | Months 1 | Days 15 | If less than one day hrs. ..... min. .....

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

10. Usual Occupation Child

11. Industry or Business

Father: 12. Name Manuel R. Acosta
13. Birthplace Bisbee, Arizona (City, town or county) (State or Country)

Mother: 14. Maiden Name Adela Bedoya
15. Birthplace Tucson, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature St. Mary 's Hosp.
(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope Cem (c) Date 6- 25- 19 43

18. (a) Embalmer's Signature Leo Carrillo
(b) Funeral Director TUCSON MORTUARY
(c) Address Tucson, Arizona

19. (a) 6-25-43 (Date received local Registrar)
(b) L. H. Howard, M.D. (Registrar's Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 25, 1943;
TIME (Hour and minute) 9 a. M.

21. I hereby certify that I attended the deceased from 6-22, 1943 to 6-25, 1943 and that I last saw her alive on 6-24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia + dehydration — DURATION 1 da.
Due to Diarrhea — 1 da.
Due to
Other conditions Prematurity
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

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 public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature William H. Gault M. D.
Address 110 S. Scott Date signed 6-25-43

20M 100% Rag 8-42 B. Co.

County File No. ..... Date Received .....