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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 24122
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Douglas (Rural) (If outside city limits also write RURAL) (c) Location Cochise Co. Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 13 Days; In Community 13 Days (Specify whether years, months or days); in Arizona 40 Years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town St David (If outside city limits also write RURAL)
(d) Street No. St. David Ariz., (Rural Route); (e) Citizen of foreign country (yes or No) No
If Yes, which country
3. (a) FULL NAME Leo Campa (b) If Veteran name war -- (c) Social Security No. 526-12-8170

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife: Emmaline Campa
6. (c) Age of husband or wife, if alive 56 yrs.
7. Birthdate of deceased 1 (Month) 8 (Day) 1880 (Year)
8. AGE: Years 63 Months 5 Days 26 If less than one day hrs. min.
9. Birthplace State of Sonora (City, town or county) Mexico (State or Country)
10. Usual Occupation Farmer
11. Industry or Business
Father: 12. Name Antonio Campa
13. Birthplace (City, town or county) Mexico (State or Country)
Mother: 14. Maiden Name Maria A Giego
15. Birthplace (City, town or county) Mexico (State or Country)
16. (a) Informant's own signature Mrs Louise Weber
(b) Address 1390 - 21st, Douglas, Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place St David, Ariz (c) Date 7-7-1943
18. (a) Embalmer's Signature E C Porter 72-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona.
19. (a) July 6-1943 (Date received local Registrar)
(b) C C Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 7-4-43, 19..;
TIME (Hour and minute) 6-30PM M.
21. I hereby certify that I attended the deceased from 6-16-43, 19.. to 7-4-43, 19..;
that I last saw him alive on 7-4-43, 19..;
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Stomach
Due to
Due to
Other conditions Post operative asthenia (Include pregnancy within 3 months of death)
Major findings: Of operations Same
Of autopsy

DURATION

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 C W Adamson M. D.
Address Douglas, Arizona Date signed 7-3-43

20M 100% Rag 8-42 B. Co. County File No. Date Received