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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 37
Registrar's No. 195

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 20 Days; In Community 20 Days; In Arizona 25 Years (Specify whether years, months or days)

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

(d) Street No. Paul Spur; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Mrs Dolores Acevedo (b) If Veteran name war (c) Social Security No.

4. Sex: Femal

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Froncisco Acevedo

6. (c) Age of husband or wife, if alive 82 yrs.

7. Birthdate of deceased March (Month) 3rd (Day) 1899 (Year)

8. AGE: Years 45 | Months 7 | Days 18 | If less than one day hrs. min.

9. Birthplace Sahuaripa, Sonora, Mexico (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name George Vera
13. Birthplace Mexico (City, town or county) (State or Country)

Mother
14. Maiden Name Macalza Lopez
15. Birthplace Mexico (City, town or county) (State or Country)

16. (a) Informant's own signature Miguel S. Zaragoza
(b) Address 612 Green St, Douglas, Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Paul Spur (c) Date 10-19-44

18. (a) Embalmer's Signature E. Porter 72-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona

19. (a) Oct-18-1944 (Date received Local Registrar)
(b) E W Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10-18-44, 19..:
TIME (Hour and minute) 4-15AM M.

21. I hereby certify that I attended the deceased from 9-28-44, 19.. to 10-18-44, 19..:
that I last saw her alive on 10-18-44, 19..:
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of liver and abdomen (secondary)

Due to Sarcoma (Original) Submaxillary Gland

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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 E W Adamson M. D.
Address Douglas, Arizona Date signed 10-18-44

18 30M—100% Rag—5/21/43