786

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 212
Registrar's No. 1857

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 938 W. Hadley (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 40 years; In Arizona 40 years (Specify whether years, months or days)

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

(d) Street No. 938 W. Hadley; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Felipe Acuña Lopez (b) If veteran name war (c) Social Security No.

4. Sex male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Carmen Lopez
6. (c) Age of husband or wife, if alive 51 yrs.
7. Birthdate of deceased Jan. (Month) 1 (Day) 1880 (Year)
8. AGE: Years 67 Months 10 Days 11 If less than one day hrs. min.
9. Birthplace Uris (City, town or county) Sonora (State or Country) Mexico
10. Usual Occupation Laborer
11. Industry or Business
Father 12. Name Ramon Salvaque
13. Birthplace Unknown (City, town or county) Mexico (State or Country)
Mother 14. Maiden Name Unknown Lopez
15. Birthplace Unknown (City, town or county) Mexico (State or Country)
16. (a) Informant's own signature Jesus Parra
(b) Address 1602 W. Sherman
17. (a) Burial, Cremation or Removal Burial
(b) Place St. Francis (c) Date 11/[illegible]/47
18. (a) Embalmer's Signature L M Mortensen
(b) Funeral Director Mortensen Kingsley Mortuary
(c) Address 1020 W. Washington
19. (a) NOV 12 1947 (Date received Local Registrar)
(b) M. Kerr D Hully (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11/11/47, 19 ;
TIME (Hour and minute) 5:15 A.M. M.

21. ~~I hereby certify that I attended the deceased from~~ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED at Mortuary, ~~19 to~~ ~~that I last saw him alive~~ on 11 - 11 - ; 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis advanced

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION D.K.

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 C West M. D.
Address C. C. WEST, M. D. Date signed 11-11-47
MEDICAL EXAMINER
COUNTY ATTORNEY'S OFFICE
MARICOPA COUNTY, ARIZONA

40M—100% Rag—1-47