2234

WRITE PLAINLY, WITH [illegible] FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 9

County Registered No. 499

Local Registrar's No.

PLACE OF DEATH

County Cochise

District

Town Or City Benson

No. St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Ramona Leon Blanco

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

Color or Race: White, Indian, Black, Chinese, Mexican

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH May (Month) 20 (Day) 1889 (Year)

AGE 30 yrs. 2 mos. 12 days

If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Sonara Mexico

PARENTS

NAME OF FATHER Juan Leon

BIRTHPLACE OF FATHER (State or country) Mexico

MAIDEN NAME OF MOTHER Ramona Sierra

BIRTHPLACE OF MOTHER (State or country) Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul Blanco

(Address) Benson Ariz

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR ~~REMOVAL~~ Aug 5th 1919

UNDERTAKER ~~Riley~~ O. S. Parker

ADDRESS Tucson

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 2nd (Day) 1919 (Year)

I hereby certify, that I attended deceased from July 21st 1919 to Aug. 2 1919; that I last saw her alive on August 1st 1919, and that death occurred on the date stated above at 6:25 A.M. The DISEASE or INJURY causing death was as follows: Accidental fall causing internal injuries & severe shock - producing abortion & heart failure

(Duration) yrs. mos. days 2 hr

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) R. E. Franklin M.D.

Aug. 3 1919 (Address) Benson Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 9 yrs. mos. ds. In Arizona 30 yrs. mos. ds.

Former or Usual Residence Came to Ariz when a child

Filed Aug. 3 1919 R. E. Franklin M.D. Local Registrar

Filed Sept. 4 1919. H. Reese County Registrar