

2685  
6509

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1 OF DEATH  
AND 65  
J. RESIDENCE  
X-

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY (IN THIS TOWN, IN ARIZONA) <b>38 yrs 38 yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>	
C. CITY OR TOWN <b>Globe</b>		D. IN CITY LIMITS <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Globe</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence-Ice House Canyon</b>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION)		D. STREET ADDRESS <b>Ice House Canyon</b>	

PRECEDENT  
PERSONAL  
DATA  
8  
458

3. NAME OF DECEASED (TYPE OR PRINT) <b>Hilario H. Ramos</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>Mex</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>widowed</b>
8B. NAME OF SPOUSE <b>unknown</b>		7. DATE OF BIRTH MONTH DAY YEAR <b>Jan 13 1864</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>94</b>	9. UNDER 1 YEAR MONTHS DAYS <b>2 24</b>	10. UNDER 24 HRS. HRS. MIN. SEC. <b>22 22 22</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>retired-laborer</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mexico</b>	11. CITIZEN OF WHAT COUNTRY? <b>unknown</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS ON DATES OF SERVICE) <b>unknown</b>	13. SOCIAL SECURITY NO. <b>unknown</b>	
14A. FATHER'S NAME <b>unknown</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>	15A. MOTHER'S MAIDEN NAME <b>unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>
16. INFORMANT'S SIGNATURE <i>Hilario H. Ramos</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>April 7, 1958 at 4:15 p.m.</b>		

6000  
CAUSE  
OF  
DEATH  
ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	MEDICAL CERTIFICATION	
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <b>Uremia</b>	INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) _____	
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	DUE TO (C) _____	

OPERATIONS,  
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL  
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **ON April 6 1958** ALIVE ON **April 6 1958** AND THAT DEATH OCCURRED AT **4:15 pm** ON **April 7 1958** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE  
*Hilario H. Ramos*

22B. ADDRESS  
**Box 68 Globe Arizona**

22C. DATE SIGNED  
**April 7-8-58**

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE) <b>Globe Arizona</b>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR?

DRONER'S  
CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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MUNERAL  
DIRECTOR  
AND  
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>	25B. DATE <b>April 10, 1958</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona</b>
26A. DATE REC. BY LOCAL REG. <b>4-10-58</b>	26B. REGISTRAR'S SIGNATURE <i>Hilario H. Ramos</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Gene James Weber</i>	27B. ADDRESS <b>Globe, Arizona</b>
28. EMBALMER'S SIGNATURE <i>Gene James Weber</i>		28B. EMBALMER'S CERT. NO. <b>#323</b>	

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