

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health *Brayton*

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 County Gila State ARIZONA  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

State File No. 60  
 Registered No. 24

Length of residence in city or town where death occurred 22 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Antonia Ramirez How long in State when death occurred? 22 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. K 27 Live Oak Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) \_\_\_\_\_

7. AGE Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (state or country) Mexico

MOTHER FATHER  
 13. NAME Unknown  
 14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

17. INFORMANT Eugin Santellanes (Address) Miami, Arizona.

18. BURIAL PLACE Pinal Cemetery Date Apr. 2, 1934

19. UNDERTAKER Miles Mortuary (Address) Miami, Arizona.

20. Filed Apr. 6, 1934 C. M. Cron Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 25, 1934 to April 1, 1934  
 I last saw her alive on Feb 31, 1934 death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:  
Lobar Left Pneumonia  
 Date of Onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) Thomas D. Brayton M. D.  
 (Address) Miami, Azon