

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.

Brayton
Arizona State Board of Health

BUREAU OF VITAL STATISTICS
State File No. 65
Registered No. 39

1. PLACE OF DEATH
County Gila State ARIZONA
Township _____ or Village _____
City Miami

(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 25 yrs. _____ mos. _____ ds.
2. FULL NAME Juan Ramirez How long in State when death occurred? 25 yrs. _____ mos. _____ ds.
(a) Residence: No. 1147 Sullivan St (Usual place of abode) St. _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>June 27, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				I HEREBY CERTIFY that I attended deceased from <u>May 1, 1934</u> to <u>June 2, 1934</u>	
6. DATE OF BIRTH (month, day, and year) <u>June 24, 1894</u>				I last saw him alive on <u>June 26, 1934</u> death is said to have occurred on the date stated above, at <u>12:30 A.M.</u>	
7. AGE	Years <u>40</u>	Months _____	Days <u>3</u>	The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>				Date of Onset _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Miami, Copper</u>					
10. Date deceased last worked at this occupation (month and year) <u>1930</u>				11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (state or country) <u>Durango Mexico</u>				Other contributory causes of importance: <u>Asphyx</u>	
13. NAME <u>Unknown</u>				Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Unknown</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>				Where did injury occur? _____ (Specify city or town, county and State)	
17. INFORMANT (Address) <u>Fred Cesena Miami, Arizona.</u>				Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pinal Cemetery</u> Date <u>June 28, 1934</u>				Manner of injury _____ Nature of injury _____	
19. UNDERTAKER (Address) <u>Miles Mortuary Miami, Arizona.</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
20. Filed <u>July 6, 1934</u> <u>C. M. Crow</u>				If so, specify _____ (Signed) _____ (Address) _____	

Back of Certificate to be used for any Additional Information