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STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 81

Local Registrar's No. 25

1. PLACE OF DEATH  
County Coila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number).  
2. FULL NAME Margarita Ramirez St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident, give city or town and State)  
(a) Residence, No. Hayden Usual place of abode \_\_\_\_\_  
Length of residence in city or town where death occurred yrs. 6 mos. 12 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE Turish Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single  
6a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) March 27, 1934  
7. AGE Years 6 Months 12 Days \_\_\_\_\_ IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 9 1934  
Month Day Year  
17. I HEREBY CERTIFY That I attended deceased from Oct 7 1934 to Oct 9 1934  
that I last saw her alive on Oct 7 1934  
and that death occurred, on the date stated above, at 5:30 A.M.  
The CAUSE OF DEATH was as follows:  
Diarrhea & Enteritis

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
18. Where was disease contracted \_\_\_\_\_ not at place of death? \_\_\_\_\_  
Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) Chandler 1934 (Address) Hayden

9. BIRTHPLACE (city or town) Hayden (State or country) Ariz.  
10. NAME OF FATHER Antonio Ramirez  
11. BIRTHPLACE OF FATHER San Francisco de Asis (city or town) (State or country) Ariz.  
12. MAIDEN NAME OF MOTHER Josefa Lopez  
13. BIRTHPLACE OF MOTHER Hayden (city or town) (State or country) Ariz.  
14. Informant Antonio Ramirez (Address) Hayden Ariz.  
15. Filed Oct 9, 1934 Registrar. P. L. Sutton

19. PLACE OF BURIAL, CREMATION OR REMOVAL Winkelman Ariz. DATE OF BURIAL Oct 9, 1934  
20. UNDERTAKER Winkelman Ariz. ADDRESS Winkelman Ariz.