

2422

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.

Bryant
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 59
REGISTERED NO. 62

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Miami NO. 42 Live Oak Canyon ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 13 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH 26 YR. _____ MOS. _____ DS.
2. FULL NAME Senobio Ramon HOW LONG IN STATE WHEN DEATH OCCURRED? _____ MOS. _____ DS.
(A) RESIDENCE: NO. 42 Live Oak Canyon 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>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 5, 1934</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Josefa Ramon</u>				22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>on Nov 5 1934</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 30, 1885</u>				I LAST SAW H. <u>in a bed on Nov 5</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.	
7. AGE		IF LESS THAN		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
YEARS <u>49</u>	MONTHS _____	DAYS _____	1 DAY _____ HRS. _____ OR _____ MIN.	<u>Heart Disease</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner</u>					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Miami Copper Co.</u>				DATE OF ONSET _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1932</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
13. NAME <u>Floretino Ramon</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
17. INFORMANT <u>Leopoldo Ramon</u> (ADDRESS) <u>Miami, Arizona</u>					
18. BURIAL, OPEN CASK, OR EXHUMATION PLACE <u>Pinal Cemetery</u> DATE <u>Nov. 8, 1934</u>					
19. EMBALMER { LICENSE NO. <u>209</u> SIGNATURE <u>Dalton H. Cole</u> FUNERAL DIRECTOR <u>Hiles Mortuary</u> ADDRESS <u>Miami, Arizona</u>					
20. FILED <u>Dec. 5, 1934</u> <u>C. M. Crow M.D.</u> REGISTRAR					
				NAME OF OPERATION _____ DATE OF _____	
				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>No</u>	
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) <u>Alfonso S. [Signature]</u> M. D.					
(ADDRESS) _____					