

2502

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 71
REGISTERED NO. 35

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____ OR
CITY Globe NO. Ruiz Canyon ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, STREET AND NUMBER)

2. FULL NAME Eva Betty Ruiz
(A) RESIDENCE: NO. Ruiz Canyon ST. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
(USUAL PLACE OF ABODE)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED Life MOS. _____ DS. _____ HOW LONG IN STATE IF OF FOREIGN BIRTH? _____ Y. _____ MOS. _____ DS. _____ HOW LONG IN STATE WHEN DEATH OCCURRED? 11 MOS. _____ DS. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-18-1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	-	6	06	

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____

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) Globe (STATE OR COUNTY) Arizona.

13. NAME George Ruiz

14. BIRTHPLACE (CITY OR TOWN) Globe (STATE OR COUNTY) Arizona.

15. MAIDEN NAME Louise Arvizu

16. BIRTHPLACE (CITY OR TOWN) Globe (STATE OR COUNTY) Arizona.

17. INFORMANT George Ruiz (ADDRESS) Globe Arizona.

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Camatary DATE 4/25/35 19. _____

19. EMBALMER (LICENSE NO. 181-A)
SIGNATURE [Signature]
FUNERAL DIRECTOR LICENSE # 10-AX-10-10
ADDRESS Globe Arizona.

20. FILED May 4, 1935 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Apr. 23, 1935 TO Apr. 24, 1935
I LAST SAW HIM ALIVE ON Apr. 24, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Broncho-pneumonia DATE OF ONSET Apr. 22, 1935.

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION none DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS Examination 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? no
IF SO, SPECIFY _____

(SIGNED) T. C. Harper, M. D.
(ADDRESS) Globe, Arizona