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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** *4 o'clock P.M.*
BUREAU OF VITAL STATISTICS STATE FILE NO. **82**

1. PLACE OF DEATH
COUNTY Sila STATE ARIZONA REGISTERED NO. 34
TOWNSHIP _____ OR VILLAGE _____
CITY Miami NO. _____ ST. _____ OR _____

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____ WARD _____
IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. NOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Jesus Ramirez NOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Port of Miami ST. _____ WARD _____
(USUAL PLACE OF ABOVE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|--|---------------------------------|---|------|--|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OF RACE <u>M.H.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Infant</u> | | | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 20, 1935</u> | DATE OF ONSET |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | | | 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>on 8/20/35</u> TO <u>9/24/35</u> 19____ | | |
| 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 '35</u> | | | | | I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4 P.</u> M. | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. | 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>Infant</u> | | | | 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____ | | OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: |
| 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) _____ | | |
| 12. BIRTH PLACE (CITY OR TOWN) (STATE OR COUNTY) _____ | | | | | | |
| 13. NAME <u>Jesus Ramirez</u> | | | | | | |
| 14. BIRTH PLACE (CITY OR TOWN) (STATE OR COUNTY) <u>El Paso Texas</u> | | | | | | |
| 15. MAIDEN NAME <u>Raz Ortiz</u> | | | | | | |
| 16. BIRTH PLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u> | | | | | | |
| 17. INFORMANT (ADDRESS) <u>Jesus Ramirez</u> | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____ | | | | | | |
| 19. EMBALMER { LICENSE NO. <u>209-A</u> SIGNATURE <u>Delton Dale</u> FUNERAL DIRECTOR <u>Miles Mortuary</u> ADDRESS <u>Miami</u> | | | | | | |
| 20. FILED <u>July 12, 1935</u> <u>C.M. Crow</u> REGISTRAR | | | | | | |
| | | | | | 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>Delton Dale</u> M.D. (ADDRESS) _____ | |

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION