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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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 70

**1. PLACE OF DEATH**  
STANDARD CERTIFICATE OF DEATH

COUNTY Yuma STATE ARIZONA REGISTERED NO. 8  
TOWNSHIP Hayden OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
CITY Hayden NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 20 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 22 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Felix Ramirez HOW LONG IN STATE WHEN DEATH OCCURRED? 22 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. Hayden, Ariz ST. \_\_\_\_\_ WARD. \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Felina Flores Ramirez  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/18/57  
7. AGE YEARS 78 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS THAN 1 DAY, HRS. \_\_\_\_\_ OR MIN. \_\_\_\_\_  
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. None  
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) Blador (STATE OR COUNTY) Yuma  
13. NAME Barbato Ramirez  
14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) \_\_\_\_\_  
15. MAIDEN NAME Manuela  
16. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) \_\_\_\_\_  
17. INFORMANT Ramon Ramirez (ADDRESS) Hayden, Ariz  
18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19. \_\_\_\_\_  
19. EMBALMER { LICENSE NO. 48 SIGNATURE P. J. Hutton FUNERAL DIRECTOR Hayden, Ariz ADDRESS \_\_\_\_\_  
20. FILED Sept 21, 1935 W.D. Nash REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1935  
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Aug 8, 1935 TO Sept 21, 1935  
LAST SAW HIM ALIVE ON Sept 21, 1935 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:33 A.M.  
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Chr. Cystitis DATE OF ONSET? \_\_\_\_\_  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chr. Interstitial Nephritis (Uremia) ?  
NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Krinolysis WAS THERE AN AUTOPSY? \_\_\_\_\_  
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 Char. Nephritis (SIGNED) \_\_\_\_\_ M. D. (ADDRESS) Hayden, Ariz