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MARGIN RESERVED FOR BINDING. Every item of information 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 REGISTERED NO. 86

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP Globe OR VILLAGE Gila
CITY Gila WARD 108
(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 10 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 10 YRS. 0 MOS. 0 DS.
HOW LONG IN STATE WHEN DEATH OCCURRED? 10 YRS. 0 MOS. 0 DS.

2. FULL NAME Jesus Ruiz
(A) RESIDENCE: NO. 111 Murphy ST. WARD 108
(USUAL PLACE OF HOME) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE 34 YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. miner
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) (STATE OR COUNTY) Mex.
13. NAME Mercedes Ruiz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mex.
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Org Gila
17. INFORMANT (ADDRESS) Org Gila
18. BURIAL, CREMATION, OR REMOVAL PLACE Globe DATE Oct. 20 1933

19. EMBALMER LICENSE NO. 209 SIGNATURE Walter H. P. O'Connell
FUNERAL DIRECTOR SIGNATURE Meles Martinez ADDRESS 56
20. FILED Oct. 28 1934 REGISTERAR SIGNATURE Jeffrey Thomas

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1935
22. I HEREBY CERTIFY, THAT I INTEND DECEASED FROM Heart TO Heart
I LAST SAW HIM ALIVE ON Oct 18 35; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT Globe
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Heart
Heart
Heart
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

NAME OF OPERATION DATE OF 7/5
WHAT TEST CONFIRMED DIAGNOSIS? 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?
IF SO, SPECIFY (SIGNED) Walter H. P. O'Connell M. D.
(ADDRESS)

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

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