

2628

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

Covered by Hypno 82
STATE FILE NO. 57

MARGIN RESERVED FOR BINDING
Every item of information should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important.

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Yuma STATE ARIZONA REGISTERED NO. 57 OR
TOWNSHIP _____ OR VILLAGE No. 9 ST. _____ WARD _____
CITY Miami NO. 8 Mex Cañon (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Senora Mendez Ramirez (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 8 Mex Cañon HOW LONG IN STATE WHEN DEATH OCCURRED 20 YRS. _____ MOS. _____ DS. _____
(USUAL PLACE OF ABODE) ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Labino Ramirez (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 09/28/1896 IF LESS THAN 1 DAY _____ HRS. _____ OR _____ MIN. _____

7. AGE YEARS 39 MONTHS _____ DAYS _____

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

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) Mexico (STATE OR COUNTY) _____

13. NAME Ignacio Mendez

14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____

15. MAIDEN NAME Roberta Vega

16. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____

17. INFORMANT Labino Mendez

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE Nov 1 1935

19. EMBALMER LICENSE NO. 204-A SIGNATURE Doctor H. Cole
FUNERAL DIRECTOR SIGNATURE Miss Anthony
ADDRESS Miami, Arizona
REGISTRAR SIGNATURE C. M. Brown

20. FILED Nov-8-1935

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1935
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ TO _____, 19____

22. I LAST SAW H. _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ A. M. _____ P. M. _____

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Pulmonary Tuberculosis DATE OF ONSET ?

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

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 _____

24. MANNER OF INJURY _____
NATURE OF INJURY _____
WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY _____
(SIGNED) Harry R. ... M. D.
(ADDRESS) _____

10M-10-6-34-REP-GAZ PRINTERY-- FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION