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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. 248

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
COUNTY Mohave STATE ARIZONA REGISTERED NO. 76
TOWNSHIP Cohan Ranch OR VILLAGE At home OR
CITY Bill Williams Fork NO. _____ ST. _____ WARD _____
(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 50 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 71 YRS. _____ MOS. _____ DS.
2. FULL NAME Ramon Esquerria HOW LONG IN STATE WHEN DEATH OCCURRED: 71 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Cohan Ranch Bill Williams (USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1828

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
<u>97</u>		<u>7</u>	<u>18</u>	

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

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) Senoro (STATE OR COUNTY) Mexico

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY)

17. INFORMANT (ADDRESS) Herman Esquerria
Bill Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Esquerria Ranch DATE Oct 3 1935

19. EMBALMER (ADDRESS) _____
FUNERAL DIRECTOR _____
ADDRESS _____

20. FILED Oct 2 1935 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 19____ TO _____ 19____

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

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

No medical attendant in this case
Death probably due to
Senility

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: DATE OF INJURY _____ 19____

ACCIDENT, SUICIDE, OR HOMICIDE? _____

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) 100 White, County M. D. _____
Kingman, Ariz.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION