

4793

Dr. R.D. Kennedy.

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 75

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 15  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Globe NO. Gila County Hospital 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 Life MOS. \_\_\_\_\_ DS. \_\_\_\_\_ HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 2. FULL NAME Infant Ramirez HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
 (A) RESIDENCE: NO. Euclid Ave. ST. \_\_\_\_\_ WARD \_\_\_\_\_ (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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY	HRS.	OR	MIN.
	0	0	0		30		

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

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) Globe (STATE OR COUNTY) Arizona

FATHER: 13. NAME Maxmino Ramirez 14. BIRTHPLACE (CITY OR TOWN) Globe (STATE OR COUNTY) Arizona

MOTHER: 15. MAIDEN NAME Angelina Reyes 16. BIRTHPLACE (CITY OR TOWN) Globe (STATE OR COUNTY) Arizona

17. INFORMANT (ADDRESS) Maxmino Ramirez  
Globe, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE Feb. 12, 1936

19. EMBALMER (LICENSE NO. 15-A) SIGNATURE [Signature]  
 FUNERAL DIRECTOR [Signature]  
Globe, Arizona  
 ADDRESS \_\_\_\_\_

20. FILED Feb. 18, 1936 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1936

2. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 12, 1936 TO Feb 12, 1936

I LAST SAW HIM ALIVE ON Feb 12, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:30 A.M.

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

Breech delivery in primipera.  
Asphyxiation.  
Heart kept beating 2 1/2 hours.

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: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_

WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

HANNER OF INJURY \_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_

IF SO, SPECIFY (SIGNED) R.D. Kennedy M. D.  
(ADDRESS) Globe, Arizona

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.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION