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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. 90

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 24
TOWNSHIP _____ OR VILLAGE _____
CITY Miami 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: YRS. _____ MOS. _____ DS. _____ HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
2. FULL NAME Ernestine Ruiz HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. 1161 Sullivan St. ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1935

7. AGE YEARS _____ MONTHS 5 DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.

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) Miami (STATE OR COUNTY) Arizona

FATHER
13. NAME Robert Ruiz
14. BIRTHPLACE (CITY OR TOWN) Miami (STATE OR COUNTY) Arizona

MOTHER
15. MAIDEN NAME Delores Romero
16. BIRTHPLACE (CITY OR TOWN) Phoenix (STATE OR COUNTY) Arizona

17. INFORMANT Robert Ruiz (ADDRESS) Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE Mar 11, 1936

19. EMBALMER LICENSE NO. 209-A SIGNATURE Dalton H. Cole
FUNERAL DIRECTOR Milva Martiny ADDRESS Miami, Arizona

20. FILED Apr. 6, 1936 C. M. O'Donoghue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 11, 1936, TO March 11-36, 1936
I LAST SAW HIM ALIVE ON March 11, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET _____
Bronchial Pneumonia
Influenza

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 _____, 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 _____ M. D.
(SIGNED) J. P. Harris
(ADDRESS) Miami, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION