

2450

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 108

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA OR
 OR VILLAGE
 TOWNSHIP Miami NO. 537 Red Springs ST. _____ WARD _____
 CITY _____ (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. 4 MOS. _____ DS. _____ HOW LONG IN U. S. OF FOREIGN BIRTH? YRS. 4 MOS. _____ DS. _____
 HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. 4 MOS. _____ DS. _____
 2. FULL NAME Mary Ann Ruiz WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 (A) RESIDENCE: NO. 537 Red Springs ST. _____ (USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mex. 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) Nov. 30, '35

7. AGE YEARS _____ MONTHS 4 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) (STATE OR COUNTY) Miami Ariz

13. NAME Bernabe Ruiz

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

15. MAIDEN NAME Anselma Gil

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

17. INFORMANT (ADDRESS) Bernabe Ruiz Miami Ariz

18. BURIAL, CREMATION, OR REMOVAL PLACE Casa del Cementerio DATE Mar. 31, 1936

19. EMBALMER LICENSE NO. 2090-A SIGNATURE Walter H. Coole
 FUNERAL DIRECTOR Miles Mortuary
Miami, Arizona
 ADDRESS _____ REGISTRAR

20. FILED Apr 6, 1936 C. M. Olson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Wed 27, 1936 TO Wed 31, 1936
 I LAST SAW HIM ALIVE ON Wed 31, 1936; 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:
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 (SIGNED) James S. Praeger, D.
 (ADDRESS) _____
 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

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.