

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Pima State ARIZONA State File No. _____ Registered No. 4
 Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
 (If death occurred in a 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 Louisa Ramey How long in state when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. _____ 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) Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) April 6, 1936
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 country) Hayden

MOTHER | FATHER
 13. NAME Antonio Ramey

14. BIRTHPLACE (city or town, state or country) San Ramon, Mich

15. MAIDEN NAME Josefa Lopez

16. BIRTHPLACE (city or town, state or country) Mogale, Sonora, Mex

17. INFORMANT (Address) Louisa Ramey Hayden

18. BURIAL, CREMATION, OR REMOVAL
 Place Miss. Hayden Date Apr 7 1936

19. UNDERTAKER (Address) P. S. Sutton

20. Filed Apr 7 1936 W. S. Nest Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 6, 1936
 I HEREBY CERTIFY That I attended deceased from Apr 6 1936 to Apr 6 1936
 I last saw her alive on Apr 6 1936 death is said to have occurred on the date stated above, at 10:45 m. PM
 The principal cause of death and related causes of importance were as follows:
Allectasis Date of Onset _____

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) Charles B. Hieston M. D.

(Address) Hayden