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93

Arizona State Board of Health BUREAU OF VITAL STATISTICS

STATE FILE NO. _____ REGISTERED NO. 48

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 COUNTY Gila OR VILLAGES _____ STATE ARIZONA
 TOWNSHIP Miami NO. Miami INSTITUTE OF STREET AND NUMBER _____ WARD _____
 CITY _____ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME AND STREET AND NUMBER)
 LENGTH OF RESIDENCE _____ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME AND STREET AND NUMBER)
 IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.
 HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Benito Ramos
 (A) RESIDENCE: NO. 1213 Alderman (USUAL PLACE OF ABODE) ST. _____

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX Male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mercedes Ramos (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS 30 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. truck driver
 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) Chichahu (STATE OR COUNTY) Mexico

13. NAME Simon Ramos
 14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____

15. MAIDEN NAME Petra Carasco
 16. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY) _____

17. INFORMANT Cruz Ramos (ADDRESS) 1213 Alderman St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19. _____

19. EMBALMER LICENSE NO. 1739 SIGNATURE W. B. Culver
 FUNERAL DIRECTOR Mills Mortuary ADDRESS Miami, Ariz.
 20. FILED July 5, 1936 REGISTRAR C. M. Cron

2. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1936
 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM _____
 LAST SAW HIM LIVE ON April 14, 1936 TO June 26, 1936
 TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Coronary thrombosis
Pyemia following
Extensive burns
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Nephritis

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 4-14-36
 ACCIDENT, SUICIDE, OR HOMICIDE? Yes
 WHERE DID INJURY OCCUR? Miami, Ariz. (SPECIFY CITY OR TOWN, COUNTY, AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Industry
 MANNER OF INJURY Gasoline explosion
 NATURE OF INJURY Extensive burns

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
 IF SO, SPECIFY (SIGNED) W. B. Culver M. D.
 (ADDRESS) Miami
 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

MARGIN RESERVED FOR BINDING
 Every item of information should be stated EXACTLY. Exact statement of OCCUPATION should be stated EXACTLY. AGE should be properly classified.
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.