

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 STATE FILE NO. 99

1. PLACE OF DEATH
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 22
 TOWNSHIP Miami OR VILLAGE _____
 CITY _____ NO. 37 Red Springs Canon ST. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Bernabe Ruiz HOW LONG IN STATE WHEN DEATH OCCURRED? 14 YRS. 7 MOS. 2 DS.
 (A) RESIDENCE: NO. 537 Red Springs Canon ST. WARD _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 1</u> , 19 <u>37</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Mrs. Anselma Ruiz</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 30</u> , 19 <u>37</u> , TO <u>Feb 1</u> , 19 <u>37</u> I LAST SAW HIM ALIVE ON <u>Feb 1</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4:30 P</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11</u> 18 <u>98</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, —HRS. OR —MIN.				<u>Pulmonary Tuberculosis</u> 19 <u>36</u> <u>Schistosomiasis</u> <u>Quisde Tl.</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Miami Copper Co</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
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) <u>Mexico</u>					
13. NAME <u>Carimero Ruiz</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
15. MAIDEN NAME <u>Timotea Lopez</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>					
17. INFORMANT (ADDRESS) <u>Mrs. Anselma Ruiz</u> <u>537 Red Springs Canon</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremal</u> DATE <u>2-2</u> , 19 <u>37</u>					
19. EMBALMER LICENSE NO. _____ SIGNATURE _____ FUNERAL DIRECTOR <u>Miles Montenegro</u> ADDRESS <u>Miami Arizona</u>					
20. FILED <u>Feb-17-</u> , 19 <u>37</u> <u>C. M. Crowl</u> REGISTRAR					
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) <u>J. V. Walsh</u> M. D. (ADDRESS) <u>Miami Ariz</u>					