

923

Dr. Harper

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 101

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 33  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. Ruiz Canyon ST. \_\_\_\_\_ OR 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 45 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH 45 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Epimenia Ruiz HOW LONG IN STATE WHEN DEATH OCCURRED 45 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE NO. Ruiz Canyon 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>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 24, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>March 20, 1937</u> TO <u>March 24, 1937</u> I LAST SAW HER ALIVE ON <u>March 24, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>12:30 P.M.</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 24, 1853</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE	YEARS <u>84</u>	MONTHS <u>0</u>	DAYS <u>0</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	DATE OF ONSET	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>				<u>Acute Bronchitis Complicating Bronchial asthma</u>	
	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) <u>Alferez, Durango, Mexico.</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Chronic Nephritis - Arteriosclerosis</u>	
FATHER	13. NAME <u>Nicolas Canos</u>				NAME OF OPERATION <u>None</u> DATE OF _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>				WHAT TEST CONFIRMED DIAGNOSIS? <u>Examination</u> WAS THERE AN AUTOPSY? <u>no</u>	
MOTHER	15. MAIDEN NAME <u>Maria Jesus Alarcon</u>				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 _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Mexico</u>				MANNER OF INJURY _____ NATURE OF INJURY _____	
17. INFORMANT <u>Joe C. Ruiz</u> (ADDRESS) <u>Globe, Arizona</u>					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u> IF SO, SPECIFY _____	
18. BURIAL PLACE <u>Globe Cemetery</u> DATE <u>Mar 27, 1937</u>					(SIGNED) <u>T.C. Harper</u> M. D. (ADDRESS) <u>Globe, Ariz.</u>	
19. EMBALMER LICENSE NO. <u>18-A</u> FUNERAL DIRECTOR SIGNATURE <u>J. R. Jones</u> <u>10-A J. R. Jones</u> ADDRESS <u>Globe, Arizona</u>					20. FILED <u>Mar 30, 1937</u> <u>H. H. Manning</u> REGISTRAR	

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.